

**POST-OPERATIVE REHABILITATION PROTOCOL  
ARTHROSCOPIC ROTATOR CUFF REPAIR – STANDARD REPAIR WITH  
SUBSCAPULARIS REPAIR**



TODD C. MOEN, M.D.  
9301 N. Central Expressway, Suite 400  
Dallas, Texas 75231  
(214) 220-2468

Contact: Sophia Rodriguez, Dr. Moen's Coordinator, extension 3352

**RATIONALE:**

This protocol is designed with the goals of: 1) maximizing the healing potential of the rotator cuff repair, 2) restoring pain-free motion, 3) restoring pain-free function. This protocol emphasizes a self-directed home exercise program. The Therapist and patient will determine the optimum interval and frequency of visits based on individual patient needs.

**IT IS CRITICALLY IMPORTANT THAT YOU PERFORM THE EXERCISES AS DIRECTED. NOT PERFORMING THE EXERCISES WILL LEAD TO A POOR RESULT FROM YOUR SURGERY.**

Exercises should be performed 2 - 3 times per day, for a 5 – 10 minutes at a time. The exercises are more effective when performed in short bursts than for a single longer session.

Weeks 1 - 6

**PRECAUTIONS:**

- Maintain arm in sling at all times. Remove only when performing exercises, for personal hygiene, showering
- NO active motion of the shoulder
- No supporting of any weight or weight bearing
- No lifting objects > 5 lbs
- No excessive stretching or sudden movements
- No shoulder motion behind back
- **NO EXTERNAL ROTATION BEYOND 10 DEGREES** This limitation protects the subscapularis repair

**EXERCISES:**

- Pendulum/Codman's exercises for dressing activities, personal hygiene

- Passive Range of motion – External Rotation: 0 – tolerance, limit 10 degrees.
- Passive Range of Motion – Forward Elevation: 0 – tolerance, limit 120 degrees; utilize table slides as part of Forward Elevation program
- Scapular Retraction with arms at side and
- Scapular Kinematic exercises
- Elbow, wrist, finger exercises

Weeks 6 – 12

**PRECAUTIONS:**

- Discontinue sling use
- Discontinue external rotation limitations
- No supporting of any weight or weight bearing
- No lifting objects > 5 lbs
- No excessive acceleration/deceleration, jerking, or sudden movements
- No shoulder motion behind back
- Emphasize slow, steady improvement each and every day – do not attempt large “heroic” improvement on any one given day.

**EXERCISES:**

- Progress passive External Rotation as tolerated
- Continue passive ROM exercises, progress ROM as tolerated towards full ROM
- Begin active-assist motion of the shoulder; incorporate pulley exercises to facilitate active assist Forward Elevation ROM
- Progress from active assist to active ROM exercises as tolerated. Progress Active ROM as tolerated.
- Continue scapular retraction and kinematic exercises
- Emphasize appropriate scapular retraction and kinematics as active motion progresses

Week 12 – 6 months post-surgery

**PRECAUTIONS:**

- No excessive acceleration/deceleration, jerking, or sudden movements
- No heavy lifting activities.

**EXERCISES:**

- Begin Progressive Strengthening Program
- Begin with theraband exercises.
- Progress from therabands to light weights, and then progress as tolerated
- Goal of Progressive Strengthening program is to be performing strengthening exercises as tolerated in a gym by 4 ½ months post-op
- Theraband strengthening
- Low row exercises

## Sport Specific Precautions:

### GOLF:

1) may put at 3 months post-op, 2) chips from 10 yards and in at 4 months, 3) start ½ wedge shots at 5 months, gradually lengthen out to full swing by 6 months

### TENNIS:

*(Non-Dominant Arm)* 1) may begin volleys and 1 armed ground strokes at 4 months, 2) may begin toss for serve at 4 ½ months

*(Dominant Arm):* 1) may begin volleys at 4 ½ months, 2) may begin light groundstrokes at 5 months, progress to full strength ground strokes by 6 months. **NO OVERHEADS OR SERVES UNTIL 6 MONTHS POST-OP!**

### THROWING:

1) no overhead throwing until 6 months post-op. Competitive throwers begin throwing program at 6 months.