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Rotator Cuff Repair Rehab Protocol Prescription

Patient Name: __________________________ Date: __________________________

Diagnosis: Rotator cuff tear
Frequency: 2-3 visits/week Duration: 4 months

Weeks 1-4: Rest and Healing
Sling Immobilizer: At all times except exercises
HEP: Distal ROM with scapular retraction
Manual scapular manipulation with patient lying on non-operative side
Supine passive FF in scapular plane to 120 deg
Supine passive ER to 30 deg

Weeks 4-6: Protective/Early Motion Phase
Sling Immobilizer: At all times except exercises (may d/c after 6 weeks)
PROM: Forward flexion in scapular plane - No limits
External rotation 45 deg
Internal rotation 30 deg
Therapeutic exercises: Codmans, wand exercises
Strengthening: RTC isometrics with arm in 0 deg abduction and neutral rotation
Scapular stabilization, no resistance
Abdominal and trunk exercises

Weeks 7-12: Early Strengthening Phase
PROM/AAROM: FF/ ER/ IR - Full
Therapeutic exercises: Cont wand exercises for ER/IR/FF
Flexibility, horizontal adduction (post capsule stretching)
Strengthening: RTC isotonic strengthening exercises
AROM: side-lying ER and supine FF in scapular plane
Progress to standing FF
ER/IR @ modified neutral w/ elastic bands
Progress to rhythmic stabilization exercises
Progress to closed chain exercises
Weeks 12+: Late Strengthening Phase

- Progress isotonic strengthening: periscapular and RTC musculature
  - Lat pull downs
  - Row machine
  - Chest press
- Flexibility: side-lying post capsule stretch
- Progress scapular stabilization program
- Initiate isokinetic strengthening (IR/ER) in scapular plane
- Begin light plyometrics at 16-18 weeks
- Individualize program to meet demands of sport specific requirements at 20-24 weeks
- Initiate throwing program for overhead athletes at 20-24 weeks

Concerns or questions:
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Physician Signature: