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**REHABILITATION GUIDELINES FOR ROTATOR CUFF REPAIRS  
TYPE II PROTOCOL  
MEDIUM TO LARGE TEARS (1-5 cm)  
Aaron M. Bott M.D.**

The rehabilitation guidelines are presented in a criterion based progression. General time frames are given for reference to the average, but individual patients will progress at different rates. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction. This is a protocol designed for **medium to large** that measured between one to five centimeters at surgery. Progression should be dictated by time as outlined in the protocol as well as the patient's symptoms. If at any time the patient is experiencing significant discomfort with the recommended exercises, the protocol may need to be slowed down.

**Phase I Surgery to 2 Weeks**

<b>Appointments</b>	Physician: 10-14 days postoperatively Physical Therapy: 3-5 days postoperatively 1-2x/week
<b>Guidelines</b>	<ul style="list-style-type: none"> <li>● <b>Shoulder Immobilizer:</b> -Required for soft tissue healing for 6 weeks/Should be worn at all times except for ROM exercises</li> <li>● <b>Passive motion only/No active shoulder motion</b></li> <li>● Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol</li> </ul>
<b>Range of Motion Exercises</b>	<ul style="list-style-type: none"> <li>● Active elbow, forearm, and wrist ROM exercises immediately</li> <li>● Active cervical spine and scapular ROM exercises immediately</li> <li>● Pendulum exercises immediately</li> <li>● Passive shoulder ROM exercises in all planes</li> <li>● Gentle shoulder mobilizations</li> </ul>
<b>Strengthening Exercises</b>	<ul style="list-style-type: none"> <li>● Grip strengthening exercises/Postural exercises</li> </ul>
<b>Aerobic Conditioning</b>	<ul style="list-style-type: none"> <li>● Walking/Stationary bike</li> <li>● Avoid impact aerobic conditioning</li> </ul>
<b>Modalities</b>	<ul style="list-style-type: none"> <li>● Cryotherapy</li> </ul>
<b>Progression Criteria</b>	<ul style="list-style-type: none"> <li>● 2 weeks postop</li> <li>● Flexion 100°/ER 30° (arm at side)</li> </ul>

**ROTATOR CUFF REPAIR  
TYPE II PROTOCOL  
Phase II 2 to 6 Weeks Postop  
Aaron M. Bott M.D.**

Appointments	Physician: 10-14 days and 6 weeks postoperatively Physical Therapy: 1-2x/week
Guidelines	<ul style="list-style-type: none"> <li>• <b>Shoulder Immobilizer:</b> <ul style="list-style-type: none"> <li>-Required for soft tissue healing for 6 weeks</li> <li>-May be removed for ROM exercises</li> <li>-May be removed during the 6<sup>th</sup> week in safe environments</li> <li>-Should be worn at night from weeks 0-6</li> <li>-D/C completely 6 weeks after surgery</li> </ul> </li> <li>• No active motion x 6 weeks</li> <li>• Avoid active abduction until 8 weeks after surgery</li> <li>• Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol</li> </ul>
Range of Motion Exercises	<ul style="list-style-type: none"> <li>• Active elbow, forearm, and wrist ROM exercises immediately</li> <li>• Active cervical spine and scapular ROM exercises immediately</li> <li>• Passive and active-assisted shoulder ROM exercises in all planes <ul style="list-style-type: none"> <li>-Weeks 3-4: Flexion to 130° ER (arm at side) to 45° <b>Exception:</b> ER only to 20° if subscapularis repair was done IR to 60°</li> <li>-Weeks 5-6: Flexion to 160° ER (45° abduction) to 60° IR (45° abduction) to 60°</li> </ul> </li> <li>• Gentle shoulder mobilizations as needed</li> </ul>
Strengthening Exercises	<ul style="list-style-type: none"> <li>• Submaximal shoulder isometrics in internal and external rotation in non-provocative positions (<b>exception:</b> no internal rotation isometrics if subscapularis repair was done)</li> <li>• Scapular strengthening with arm in neutral</li> <li>• Grip strengthening exercises</li> <li>• Postural exercises</li> <li>• Core strengthening</li> </ul>
Aerobic Conditioning	<ul style="list-style-type: none"> <li>• Walking/Stationary bike</li> <li>• Avoid impact aerobic conditioning</li> </ul>
Modalities	<ul style="list-style-type: none"> <li>• Cryotherapy</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• 6 weeks postop</li> <li>• Full passive motion</li> </ul>

**ROTATOR CUFF REPAIR  
TYPE II PROTOCOL  
Phase III 6 to 12 Weeks Postop  
Aaron M. Bott M.D.**

<b>Appointments</b>	Physician: 6 weeks and 12 weeks postoperatively Physical Therapy: 1x/1-2 weeks
<b>Guidelines</b>	<ul style="list-style-type: none"> <li>• May initiate active motion in Phase III</li> <li>• Avoid active abduction x 8 weeks</li> <li>• Avoid external resistance in abduction and scaption x 10 weeks</li> <li>• Supraspinatus strengthening should begin gradually <ul style="list-style-type: none"> <li>-Avoid pain with cuff strengthening</li> <li>-Avoid long lever arms</li> </ul> </li> <li>• Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol</li> </ul>
<b>Range of Motion Exercises</b>	<ul style="list-style-type: none"> <li>• Passive, active-assisted, and active ROM in all cardinal planes – assessing scapular rhythm</li> <li>• Sleeper stretches/posterior glides for internal rotation</li> <li>• Cervical spine and scapular active ROM</li> <li>• Gentle shoulder mobilizations as needed</li> </ul>
<b>Strengthening Exercises</b>	<ul style="list-style-type: none"> <li>• OKC supine shoulder rhythmic stabilizations at 90° of elevation</li> <li>• Gentle CKC shoulder and scapular stabilization drills</li> <li>• Isotonic internal and external rotation strengthening with therabands or weights <ul style="list-style-type: none"> <li>-Begin at 0° abduction</li> <li>-Gradually increase abduction as strength improves</li> </ul> </li> <li>• PNF patterns</li> <li>• Scapular strengthening</li> <li>• Core strengthening</li> <li>• Trunk and hip mobility exercises</li> </ul>
<b>Aerobic Conditioning</b>	<ul style="list-style-type: none"> <li>• Walking</li> <li>• Stationary bike</li> <li>• No swimming, treadmill, running, or jumping</li> </ul>
<b>Modalities</b>	<ul style="list-style-type: none"> <li>• Cryotherapy</li> </ul>
<b>Progression Criteria</b>	<ul style="list-style-type: none"> <li>• 12 weeks postop</li> <li>• Full active motion</li> <li>• Full IR/ER strength with arm at side</li> </ul>

**ROTATOR CUFF REPAIR  
TYPE II PROTOCOL  
Phase IV 12 Weeks to 6 Months Postop  
Aaron M. Bott M.D.**

<b>Appointments</b>	Physician: 12 weeks and 6 months postoperatively Physical Therapy: 1x/2-3 weeks
<b>Guidelines</b>	<ul style="list-style-type: none"> <li>● <b>Months 3-4:</b> <ul style="list-style-type: none"> <li>-All exercises and activities to remain non-provocative and low to medium velocity</li> <li>-Avoid activities where there is a risk of falling/ increased stress applied to the arm</li> <li>-Advance proprioceptive and dynamic neuromuscular control retraining</li> <li>-Correct postural dysfunctions with work and sport specific tasks</li> <li>-Develop strength and control for movements required for work or sport</li> </ul> </li> <li>● <b>Months 4-5:</b> <ul style="list-style-type: none"> <li>-Progress gradually into provocative exercises by beginning with low velocity, known movement patterns</li> <li>-Develop work capacity cardiovascular endurance for work and/or sport</li> </ul> </li> <li>● <b>Months 5-6:</b> <ul style="list-style-type: none"> <li>-Progress gradually into sport/work specific movement patterns</li> <li>-Develop provocative exercises in high velocity, multidirectional movement patterns</li> </ul> </li> <li>● Other exercises may be utilized at the therapist's discretion within the restrictions of the protocol</li> </ul>
<b>Range of Motion Exercises</b>	<ul style="list-style-type: none"> <li>● Posterior glides/sleeper stretches for posterior capsular tightness</li> <li>● More aggressive ROM if limitations are still present</li> <li>● Stretching for patient specific muscle imbalances</li> </ul>
<b>Strengthening Exercises</b>	<ul style="list-style-type: none"> <li>● <b>Months 3-4:</b> <ul style="list-style-type: none"> <li>-Rotator cuff strengthening at 90° of abduction and in overhead positions</li> <li>-Scapular strengthening and dynamic neuromuscular control in OKC and CKC positions</li> <li>-Eccentric strengthening</li> <li>-Core and lower body strengthening</li> </ul> </li> <li>● <b>Months 4-6:</b> <ul style="list-style-type: none"> <li>-Rotator cuff strengthening at 90° of abduction and in provocative positions and work/sport specific positions</li> <li>-Endurance and velocity specific exercises</li> <li>-Core and lower body strengthening</li> <li>-Initiate sport-specific programs (throwing, swimming, overhead racket, etc.)</li> </ul> </li> </ul>
<b>Aerobic Conditioning</b>	<ul style="list-style-type: none"> <li>● <b>Months 3-5:</b> <ul style="list-style-type: none"> <li>-Walking, stationary bike, stairmaster, and running. No swimming</li> </ul> </li> <li>● <b>Months 5-6:</b> <ul style="list-style-type: none"> <li>-Return to sport-specific conditioning regimen</li> </ul> </li> </ul>
<b>Modalities</b>	<ul style="list-style-type: none"> <li>● Cryotherapy</li> </ul>
<b>Progression Criteria/Return to Work</b>	<ul style="list-style-type: none"> <li>● Full active ROM</li> <li>● Full shoulder/upper extremity strength</li> <li>● Dynamic neuromuscular control with multi-plane activities without instability</li> </ul>