

NWH Rotator Cuff Repair Protocol- Small Tear (0-1 cm)

Post op-phase	Sling	Precautions	ROM Limitations/Goals	Therex	
Phase 1 0-6 weeks	<u>Minimal Tension w/arm at side</u> 1-3 weeks <u>Abduction Orthosis: Minimal Tension in 20-40° abduction</u>	No active forward elevation before 5 weeks No Strengthening Exercise No inferior glide mobilizations	140° flexion 40° ER with arm at side 90° abduction without rotation Neutral IR to belt line No additional adduction if immobilized in abduction Grade I and II mobs other than inferior	ROM Pendulum Passive flexion Passive ER Scapular retraction and depression Hand, wrist and elbow AROM	Strength If partial or non-displaced tear, then active IR/ER isometrics and isotonic with arm at side once pain controlled Grip strengthening
Criteria For Progression: 6 weeks has passed; 140° flexion; 40° ER; 60° Abduction					
Phase 2 6-12 weeks	D/C	No strengthening unless high healing potential	160° Flexion 60° ER 90° Abduction Progress to full ROM	ROM: AAROM progressing to AROM Light Stretching Grades III and IV	Strength If high healing potential (small tear, acute, non-smoker, <50 y.o.) may begin isometrics progressing to theraband strengthening at 8 weeks Begin scapular stabilizer strengthening with arm at side
Criteria For Progression: Painless AROM, No shoulder pain or tenderness, satisfactory clinical exam					
Phase 3 3 months to 6 months	D/C	None	Full P/AROM	ROM Stretching, AAROM, AROM daily	Strength Rotator Cuff and Scapular stabilizer program 3 times per week