



S.T.A.R. Orthopaedics, Inc. located at the Bone and
Joint Institute of JFK Memorial Hospital

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SHOULDER ROTATOR CUFF REPAIR
REHABILITATION PROGRAM
PROGRAM A
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PHASE I: INITIAL 3 WEEKS POST-SURGERY

1. Patient is immobilized for the initial 3 weeks.
2. Immobilizer is removed for gentle passive range of motion exercised (flexion, abduction, external & internal rotation). Glenohumeral A-P and P-A mobilizations only may be performed.
3. Pendulum exercises (Codman's)
4. Shoulder shrug and elbow exercises
5. Ball squeezes
6. Active neck exercises, as indicated
7. Modalities PRN
8. ***No active shoulder flexion or abduction in the first 4 weeks from surgery.***
9. Active range of motion for shoulder internal & external rotation (arms are positioned at the side with elbows extended).

PHASE II: 3 – 6 WEEKS POST-SURGERY

1. Patient no longer required to wear immobilizer
2. Continue with passive range of motion exercises (flexion, abduction, external & internal rotation).
3. Use of modalities, as needed (heat, ice, electrotherapy).
4. Active-assistive range of motion exercises may be added (wall climbs, wand, pulleys, UBE – no resistance).
5. Active shoulder internal & external rotation exercises with light theraband (as tolerated).
6. Begin elbow strengthening exercises with arm positioned at the side.
7. Isometric exercises: internal rotation, external rotation, flexion & extension.
8. Active shoulder extension lying prone or standing (bending at the waist). Avoid the shoulder extended position by preventing arm movement beyond the plane of the body.
9. Active shoulder horizontal adduction (supine), as tolerated.
10. Active shoulder horizontal abduction (flexed sitting or prone) not beyond the plane of the body.
11. At 4 weeks, may begin active shoulder flexion through the full ROM, active shoulder abduction with less than 90 degrees of shoulder elevation, active empty can exercise to strengthen the supraspinatus.



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PHASE III: 6 - 8 WEEKS POST-SURGERY

1. Continue shoulder range of motion exercises, as needed. Patient should have full PROM & AROM.
2. Continue active internal & external rotation exercises with theraband (as tolerated).
3. Add resistance to UBE
4. Continue active shoulder flexion through the full ROM, active shoulder abduction with less than 90 degrees of shoulder elevation, active empty can exercise to strengthen the supraspinatus.

PHASE IV: 2 – 3 MONTHS POST-SURGERY

1. Continue shoulder range of motion exercises, as needed. Patient should have full passive and active range of motion.