

***Dr. Preston Wolin***

**Rotator Cuff Repair Type I Protocol**

Small to Medium Tears

\*Please call 773.248.4150 with any questions, or if patient is not progressing\*

- Week 0-4
  - Shoulder immobilizer
    - Wear for 2 weeks at all times
    - Continue wearing for sleep only ~4 weeks, then discard
  - PROM (to patient tolerance)
    - Flexion
    - ER/IR in scapular plane
    - Abduction
    - Horizontal abduction
  - Elbow ROM
    - Flexion and extension
  - Shoulder isometrics with elbow at 90 degrees of flexion (submaximal)
    - Flexion
    - Abduction
    - Adduction
    - Elbow flexion
    - ER and IR
  - Pulleys (to patient tolerance)
    - Flexion
    - Abduction in scapula plane
    - Internal rotation (at 3 weeks)
  - Gentle AAROM with t-bar
    - Flexion
    - ER and IR in scapular plane
  - Glenohumeral joint mobilization
    - Gentle grade I/II for pain
  - Pendulum exercises
  - Initiate UBE with low resistance
  - Start elbow AROM
    - Flexion and extension
  - Prone position with scapular mobilization: goal is to achieve PROM in flexion and abduction equal to unaffected side

## Center for Athletic Medicine

- Abduction
- Flexion
- ER and IR
- Scapular stabilization exercises
- Modalities for pain and swelling control

\*\*\*Precaution: no lifting and no excessive motion\*\*\*

- Week 4-8
  - **Patient should have FULL ROM by week 4**
  - Maintain full PROM
  - Initiate ER/IR strengthening
    - Tubing at 0 degrees of abduction with use of towel roll
  - Initiate prone rowing exercise
  - Initiate AROM exercise
    - Shoulder flexion in scapular plane
    - Shoulder abduction
  - Progress to isotonic strengthening exercise program
    - ER/IR tubing
    - Sidelying ER
    - Bicep curls
  - Progress strengthening program
  - Initiate medicine ball exercises
    - Chest pass
    - Wood chopping
- Week 8-12
  - In order to progress, the patient must have good ROM and be pain-free
  - Start throwing program
  - Functional activities for sport