



KNEEbraska
 Matthew R. Byington, DO
 Orthopaedic Surgeon—Board Certified
 Sports Medicine & Arthroscopic Surgery // Knee & Shoulder Reconstruction
 Prairie Orthopaedic & Plastic Surgery 4130 Pioneer Woods Dr, Suite 1, Lincoln,
 NE 68506 Phone: (402) 489-4700 Fax: (402) 489-5220
www.KNEEbraska.com // www.drmatbyington.com // www.prairie-ortho.com

SHOULDER ROTATOR CUFF REPAIR (LARGE) REHABILITATION PROTOCOL

Phase / Timeframe	Goals	Exercises / Progression	Precautions
Phase I Days 1-14	Maintain repair integrity; increase PROM; reduce pain/inflammation; prevent muscular inhibition.	Abduction pillow brace; pendulums; AAROM (L-bar); ER/IR in scapular plane at 45°; PROM; elbow/hand ROM and gripping; submaximal pain-free isometrics; cryotherapy; sleep in brace. Progress to flexion $\geq 115^\circ$, ER 20-25°, IR 30-35°; rhythmic stabilization; ice 6-7x/day.	Sleep in brace; no lifting; no excessive extension, stretching, or sudden movements; no weight-bearing through hands; keep incision clean and dry.
Phase II Day 15-Week 6	Allow soft-tissue healing; restore passive ROM; improve stability; decrease pain.	PROM flexion 140-155°; ER/IR at 90° abduction $\geq 45^\circ$; AAROM; dynamic stabilization; scapular isometrics. Weeks 4-5: prone row, shoulder extension, ER strengthening, isotonic elbow flexion. Weeks 5-6: initiate AROM flexion/abduction and progress strengthening. D/C sling 6 weeks.	No lifting or excessive motion. No heavy lifting, behind-the-back movements, supporting body weight through arms, or sudden jerking motions.

Phase III Weeks 7-14	Achieve full AROM; maintain PROM; improve dynamic stability, strength, and function.	Stretching and PROM as needed; stabilization drills; ER/IR tubing; sidelying ER; lateral raises; full can; prone row; prone horizontal abduction; prone extension; elbow strengthening. Light functional activities if approved. Increase resistance gradually if pain-free.	Avoid painful progression. Do not advance isotonic strengthening if scapular hiking is present.
Phase IV Weeks 15-22	Maintain full ROM; improve strength, power, and functional use.	Continue ROM and stretching; self- capsular stretches; progress strengthening; interval golf program. Weeks 20-22: progress golf, begin tennis progression, initiate swimming as appropriate.	Progress according to tolerance and physician guidance.
Phase V Weeks 23-36	Return to strenuous work and recreational sport activities.	Continue fundamental shoulder exercise program at least 4 times weekly; continue stretching if tight; gradual return to higher-level activities.	Gradual return to strenuous activity.

