

Rotator Cuff: Small Tear Protocol

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PHASE I

Time frame: 0-4 weeks post-op

Type of motion allowed: Passive Range of Motion (PROM)

- Glenohumeral ER: work toward full ER (Position in 15°–20° ABD). Focus on glenohumeral motion, not just gross shoulder motion. If there is a subscapularis repair, check with MD about ER restrictions.
- Glenohumeral ABD 0°–90°.
- After your glenohumeral ABD reaches 60°–70°, you may begin to work on ER as tolerated at 45° ABD. If there is a subscapularis repair, check with MD about ER restrictions.
- Gross shoulder elevation (Scaption) 0°–140°. No sagittal plane flexion stretch.
- No IR stretch (arm to stomach when elbow at side only).
- Pendulums/Codman's.
- Sling full-time except when sitting still such as watching TV or reading. Arm control by gravity only for shower.
- OK to use hand cautiously for functional tasks such as typing (arm should be kept in sling).
- Postural work, upper trapezius relaxation, active scapular retraction and depression.
- Encourage a walking program, stationary bike, etc. for light cardio exercise and fighting “the blues.”
- Wrist/elbow range of motion.

PHASE II

Time frame: 4–8 weeks post-op

Type of motion allowed: Active Assisted Range of Motion (AAROM), Active Range of Motion (AROM)

- Assistance with opposite hand is considered active assisted.
- Glenohumeral ER: work toward full ER (OK to position between 0°–60° ABD). If there is a subscapularis repair, check with MD about ER restrictions.
- Gross shoulder elevation (scaption) 0°–full.
- Begin active assisted elevation supine. When at least 150°, progress to upright active assisted elevation and supine active elevation. When supine active elevation is at least 150°, progress to upright active elevation.
- No sling needed. May use it for safety.
- OK to operate an automatic vehicle—patient must evaluate their own safety.
- Aquatic Therapy AAROM-AROM.
- Isometrics when patient has active elevation of at least 150° (No pure ABD isometrics).

Goals at 8 weeks: Full ER and scaption, functional use of arm at side, minimal pain, good posture.

PHASE III

Time frame: 8+ weeks post-op

Type of motion allowed: Resistance

- OK to begin pure flexion and ABD stretches, IR stretch, and ER stretch in full ABD.
- Isometrics.
- Begin gentle isotonic exercises week 10.
- Closed chain exercises such as wall pushups week 10.
- OK to operate a stick shift vehicle involving the recovering arm.
- OK to run.

PHASE IV

Time Frame: 3-4 months post-op

Type of motion allowed: Progressive strengthening

- Light weight and high repetition initially.
- Progress as tolerated. Focus on scapular stabilization as well as RTC patterns of strengthening.

PHASE V

Time Frame: 6+ months post-op

Type of motion allowed: Return to sport

- Golf (trailing arm may be ready to return before lead arm), fly fishing.
- Throwing, racquet sports, boating, skiing.



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