Rehab Practice Guidelines for:
Repair of Rotator Cuff Tears with Retraction

Assumptions
1. Tears ≤ 2 centimeters
2. Retraction

Primary surgery: Repair of supraspinatus tendon and subacromial decompression

Secondary surgeries (possible): Distal clavicle excision

Expected # of visits: 17-32

Precautions

- NO BEHIND THE BACK INTERNAL ROTATION (TOWEL STRETCH)
- No resisted abduction for 8 weeks (Primary repair, split deltid)
- No heavy resisted flexion for 6 weeks (Subacromial decompression)
- For all passive IR and ER guidelines check with surgeon
- No additional precautions for distal clavicle excision
## Rotator Cuff Tear with Retraction Rehab Protocol

<table>
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<th>Timeline</th>
<th>Treatment</th>
<th>Milestones</th>
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| **Weeks 1-2** | ▪ Ice shoulder for pain and inflammation control  
▪ Remove sling TID for Codman’s exercises | ▪ Comfortably sleep through the night |
| ▪ No formal PT  
▪ Use sling with abduction pillow 24 hours/day  
▪ No driving | | |
| **Weeks 3-5** | ▪ Modalities for pain and inflammation control as needed  
▪ Incision mobilization  
▪ Test glenohumeral accessory motions  
  - *if hypomobile* - Rx: grade III/IV mobilizations  
  - *if normal mobility* - Rx: grade I/II mobilizations for pain control and to prevent adhesions  
▪ Passive Range of Motion (ROM) exercise in all planes, except IR in 0 degrees abduction.  
▪ Active ROM in all planes except abduction, focus on scapulo-humeral rhythm and scapular stabilization | ▪ No hypomobility or hypersensitivity of scars  
▪ PROM: Full Horizontal adduction, flexion and abduction.  
▪ ER/IR at 90 degrees of abduction to **surgeon’s limit**  
▪ Full gleno-humeral joint mobility (e.g. inferior, posterior, anterior glides)  
▪ Normal scapulo-humeral rhythm |
| ▪ Begin PT  
▪ 2-3 visits/week  
▪ Continue sling use 24 hours per day; d/c abduction pillow  
▪ Week 4 sling use in crowds and uncontrolled situations | | |
| **Total Visits: 6-9** | | |
| **Weeks 6-8** | ▪ Begin abduction in gravity minimized positions progressing to gravity resisted  
▪ Begin with active assisted range of motion; progress to active  
▪ PRE’s for all other shoulder motions | ▪ Full PROM for all motions except IR in 0 degrees abduction  
▪ Full AROM for all motions |
| ▪ D/c use of sling  
▪ 1-3 visits/week | | |
| **Total Visits: 9-18** | | |
| **Weeks 9-11** | ▪ PRE’s for all shoulder motions  
▪ Dynamic stabilization exercises  
▪ Progress to home exercise program for strengthening | ▪ Maintain full AROM and PROM  
▪ Independent with home exercises  
▪ Strength increasing |
| ▪ 1-3 visits/week | | |
| **Total Visits: 12-27** | | |
| **Weeks 12-16** | ▪ Progress strengthening program | ▪ Full ROM  
▪ MMT 5/5 all shoulder motions |
| ▪ 1 visit per week | | |
| **Total Visits: 17-32** | | |
| **Weeks 17-24** | ▪ Begin progression of sport/work specific rehabilitation | ▪ Return to sport/work |
| ▪ Physical therapy is as needed for sport/work specific activities | | |