

# SMALL-MEDIUM ROTATOR CUFF CLINICAL REPAIR GUIDELINE

## Background

The rotator cuff stabilizes and enables active movement of the glenohumeral joint. Acute or overuse injuries can lead to rotator cuff tears, resulting in increased pain and shoulder dysfunction. Tears less than 1 cm are classified as small, while those between 1-3 cm are medium. Rotator cuff repairs, performed either arthroscopically or via mini-open procedures, involve suturing the torn tendon to the humerus.

## Disclaimer

- Progression is time and criterion-based, depending on soft tissue healing, patient demographics, and clinician evaluation.
- For questions, contact Dr. Sujan Gogu's clinic.

## Recommendations

- Do not perform PROM into pain.
- Physical therapy to be initiated between weeks 2-4 based on physician preference.

## Risk Factors

- Avoid AROM before 6 weeks.
- Correct scapular substitution with AA/AROM.
- Smoking.
- Address postural considerations.

## Precautions

- Sling use for 6 weeks.
- Start physical therapy Week 2-4.
- Continue post-operative home exercises until starting physical therapy.
- No behind-back stretching for 12 weeks.
- Subscapularis Repair (12 weeks):

- ✓ No ER past 30 degrees.
- ✓ No cross-body adduction.
- ✓ No active IR or IR behind back.
- ✓ No supporting body weight on the affected side (e.g., pushing up from a chair).

### Manual Therapy

Week	Details
2-4	<ul style="list-style-type: none"> <li>• Caudal GH mobilizations</li> <li>• PROM flexion and external rotation only</li> <li>• Soft tissue mobilization as appropriate</li> <li>• Hand/wrist/elbow ROM exercises</li> </ul>
>4	<ul style="list-style-type: none"> <li>• PROM (flexion, external rotation, internal rotation, abduction)</li> <li>• Soft tissue and joint mobilization as appropriate</li> </ul>

### Corrective Interventions

- Pain and edema control modalities.
- Manual therapy for glenohumeral and scapular mobility, and shoulder ROM.
- Therapeutic exercises and neuromuscular re-education for upper extremity strength, control, and postural stability.
- Therapeutic activities for return-to-work simulations to increase strength and endurance.
- Sport-specific activity training.

### Outcome Testing

- Disability of Arm, Shoulder, Hand (DASH)
- Quick DASH

### Criteria for Discharge

- Full AROM with no scapular substitution.
- 5/5 RTC strength.

- 65-70% IR/ER isokinetic testing.

### Phase 1: Protection (Weeks 2-6)

Category	Details
<b>ROM</b>	<ul style="list-style-type: none"> <li>• Continue PROM</li> <li>• Begin PROM in abduction per patient tolerance</li> <li>• Shoulder joint mobilizations (grade II-III) – posterior and caudal</li> <li>• Scapular mobilizations</li> <li>• Pectoralis minor flexibility</li> <li>• Supine postural stretch</li> <li>• Begin wand exercises in a seated position</li> <li>• Shoulder external rotation</li> <li>• Shoulder flexion if not contraindicated</li> </ul>
<b>Strengthening</b>	<ul style="list-style-type: none"> <li>• Begin isotonic scapular retraction/protraction</li> <li>• Supine serratus punches</li> <li>• PNF patterns in sidelying (scapular clock)</li> <li>• Sitting retraction</li> <li>• Begin manual resistance scapular stabilization (late phase)</li> <li>• Scap squeezes, extension with light resistance</li> </ul>
<b>Modalities</b>	Ice and pain modalities as indicated
<b>Goals for Progression to Next Phase</b>	<ol style="list-style-type: none"> <li>1. Decrease pain</li> <li>2. Full PROM supine</li> <li>3. Sleeping through the night</li> <li>4. Normal posture</li> </ol>

### Phase 2 (Weeks 6-10)

Week	Category	Details
6-8	<b>ROM</b>	<ul style="list-style-type: none"> <li>• AAROM per patient tolerance - all motions, adding abduction, IR, horizontal abduction (maintain</li> </ul>

Week	Category	Details
		<p>subscapularis precautions)</p> <ul style="list-style-type: none"> <li>• Ball on wall, UE swiss ball mobility –IR/ER</li> <li>• Towel wipes on table – any direction</li> </ul>
	<b>Strengthening</b>	<p><b>Initiate sub-max/50% effort strengthening:</b></p> <ul style="list-style-type: none"> <li>• Isometric flexion, extension, abduction, ER, IR</li> <li>• Isometric lower trap</li> <li>• Dynamic isometric walk-outs</li> <li>• Closed-chain stability – elbow extension with hand on ball performing oscillations</li> <li>• Progress scapular neuromuscular strengthening</li> </ul>
<b>8-10</b>	<b>ROM</b>	<ul style="list-style-type: none"> <li>• AROM per patient tolerance</li> <li>• Avoid scapular substitution</li> </ul>
	<b>Strengthening</b>	<ul style="list-style-type: none"> <li>• UBE light resistance</li> </ul> <p><b>Begin prone exercise program below shoulder level:</b></p> <ul style="list-style-type: none"> <li>• Extension, rows</li> </ul> <p><b>Begin closed chain UE activities:</b></p> <ul style="list-style-type: none"> <li>• Towel wipes on wall – horizontal, diagonal, and vertical</li> <li>• Serratus punches</li> <li>• Quadruped weight-shifts</li> <li>• Proprioception exercises</li> <li>• Supine ABC's</li> <li>• Ball on wall</li> </ul>
	<b>Goals for Progression to Next Phase</b>	<ol style="list-style-type: none"> <li>1. Full AROM with no scapular substitution</li> <li>2. No reactive inflammation with strengthening</li> <li>3. Return to full ADLs pain-free</li> </ol>

### Phase 3 (Weeks 10-16)

Week	Category	Details
------	----------	---------

Week	Category	Details
10-12	<p><b>Strengthening</b></p> <p><b>Goals for Progression to Next Phase</b></p>	<ul style="list-style-type: none"> <li>• UBE moderate resistance</li> <li>• Light T-band exercises</li> <li>• Shoulder IR/ER</li> <li>• Horizontal abduction/adduction</li> <li>• Diagonal patterns</li> <li>• Progress prone exercise program</li> <li>• Row</li> <li>• Shoulder extension</li> <li>• <b>Horizontal abduction – T exercise position</b></li> <li>• <b>Lower trap – Y exercise position</b></li> <li>• <b>Begin rhythmic stabilization exercises:</b> Supine, starting at balance point position (90-100 degrees of elevation); progress to side lying, prone, standing</li> </ul> <ol style="list-style-type: none"> <li>1. Full active ROM</li> <li>2. No trapezius substitution</li> <li>3. No reactive inflammation with strengthening</li> </ol>
12-16	<p><b>Strengthening</b></p>	<ul style="list-style-type: none"> <li>• Progress prone exercise program</li> </ul> <p><b>Progressive Dumbbell Program – emphasis on high reps/low weight:</b></p> <ul style="list-style-type: none"> <li>• Scaption</li> <li>• Diagonal patterns</li> <li>• Bent row</li> <li>• Prone retraction with ER</li> </ul> <p><b>Functional strengthening:</b></p> <ul style="list-style-type: none"> <li>• Functional positions with eccentric loads</li> </ul> <p><b>Progress closed chain UE strengthening:</b></p> <ul style="list-style-type: none"> <li>• Push up with a plus</li> <li>• Swiss ball activities</li> <li>• Plank BOSU weight shifts</li> <li>• Trunk and lower extremity strengthening</li> <li>• Begin short toss and overhead endurance activities</li> </ul>

Week	Category	Details
		per physician release
	<b>Goals for Progression to Next Phase</b>	<ol style="list-style-type: none"> <li>1. Full AROM with no scapular substitution between weeks 10-12</li> <li>2. 5/5 rotator cuff strength</li> <li>3. 65-70% IR/ER isokinetic testing</li> </ol>

### Phase 4 – Return to Sport / Activity (4-6 Months)

Time Frame	Category
<b>4-6 Months</b>	<p><b>ROM</b></p> <ul style="list-style-type: none"> <li>• Focus on posterior capsule stretching</li> <li>• Implement a general stretching/flexibility program (pectorals, biceps, upper trapezius, etc.)</li> </ul>
<b>Strengthening</b>	<p><b>Advance T-band exercises</b></p> <ul style="list-style-type: none"> <li>• Start Diagonal Patterns</li> <li>• Continue prone exercise program with weights:</li> <li>• Row</li> <li>• Shoulder Extension</li> <li>• Horizontal Abduction (T exercise position)</li> <li>• Lower Trap (Y exercise position)</li> <li>• Progress Dumbbell Program with weights:</li> <li>• Scaption</li> <li>• Diagonal Patterns</li> <li>• Bent Row</li> <li>• Prone Retraction with ER</li> <li>• Functional eccentric strengthening</li> <li>• Enhance closed chain UE strengthening:</li> <li>• Push-ups with a plus</li> <li>• Swiss ball activities</li> <li>• Strengthen trunk and lower extremities</li> <li>• Begin throwing progression</li> </ul>

<b>Time Frame</b>	<b>Category</b>
	<ul style="list-style-type: none"><li>• Continue functional UE/LE strengthening and endurance exercises</li></ul>
<b>Goals to Return to Sport</b>	<ul style="list-style-type: none"><li>• Complete throwing progression</li><li>• Absence of reactive effusion, pain, and/or instability</li><li>• Achieve 65-70% IR/ER isokinetic testing</li></ul>