

Rehabilitation Guidelines | Rotator Cuff Repair

Rehabilitation after rotator cuff repair is a **structured, four-stage process** designed to protect the repaired tendon while gradually restoring movement, strength, and function.

Your rehabilitation will be guided by your physiotherapist and tailored to your individual progress. Individual variations may be advised by Dr Richard Dallalana or your treating physiotherapist.

Stage 1: Protection and basic movement (Weeks 0-6)

Main Goals

- Protect the surgical repair
- Control pain and support a return to normal sleep patterns
- Use ice therapy (**Cryotherapy**) for the first 2 weeks to help manage pain and swelling
- Achieve basic shoulder movement (as advised) to avoid stiffness
- Keep elbow, wrist and hand mobile

Requirements

- Sling use when ambulant for 6 weeks
- The sling may be removed at home for simple tasks and desk work
- The sling is not used at night unless otherwise advised or when an abduction brace is required
- No lifting items greater than 1 kg
- No reaching behind back or across body

Driving

- Typical repairs: **3-4 weeks** (sling removed while driving)
- Larger tears: **around 6 weeks**, or as advised

Exercises and movement (home based, 3 times per day)

- Elbow, wrist, and hand movements
- Scapular setting exercises (shoulder blade exercises to maintain posture)
- Shoulder pendulum swings (small, controlled circles)
- Passive forward elevation and external rotation within safe range

(usually, forward elevation to 90 degrees and external rotation to 20 degrees)

- Raise hand to face to assist with eating and brushing teeth (assisted with the other hand if necessary)
- No reaching behind the back

Criteria to progress

- Minimal or no rest pain (*pain on movement is still expected through to 3 to 4 months*)
 - Tolerate movement ranges as described above
 - Compliance with precautions
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Stage 2: Motion development (Weeks 6-12)

Physiotherapist-guided

Goals

- Improve movement range gradually toward full range
- Begin gentle muscle activation while avoiding overload
- Maintain scapular control

Precautions

- Avoid lifting more than **3 kg**
- No sudden or high-velocity movements
- No highly repetitive movements

Exercises and movement

- Arm elevation: pulleys, stick-assisted exercises, wall climbs
- External rotation to maximum (stick-assisted or side-lying with light load)
- Internal rotation (reaching behind the back, assisted if needed)
- Water-based (hydrotherapy) for reduced load active motion (if desired))

Light muscle activation:

- At **8 weeks**: isometric muscle contractions against a fixed point
- At **10 weeks**: light TheraBand resistance exercises

Criteria to progress

- Near full range of motion
- Minimal pain with activity
- Demonstration of good scapulohumeral rhythm

Stage 3: Strength and control (Weeks 12-20)

Physiotherapist-guided

Goals

- Restore strength, endurance, and neuromuscular control
- Re-establish movement patterns to support return to work and recreational activities

Precautions

- Avoid explosive loads
- Avoid rapid escalation in lifting
- Progress loading gradually

Exercises

- Progressive resistance training: external/internal rotation with TheraBand or light cuff weights
- Closed-chain drills (e.g. wall push-ups)
- Biceps and triceps curls
- Core and trunk integration exercises

Progression criteria

- Pain-free range of motion
 - No pain during strengthening exercises
 - Strength $\geq 75\%$ of other (normal) side
 - Stability and control in all planes
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Stage 4: Advanced strengthening and return to function (Weeks 20-12 months)

Goals

- Regain maximal power and endurance
- Prepare for sport, work, or overhead activity
- Normalise proprioception and dynamic control

Exercises

- Gym use (home or external), guided program progressing to self-directed
- Core and kinetic-chain strengthening
- Advanced isotonic and plyometric drills (e.g. medicine ball toss, wall dribbles)
- Sport/job-specific movement retraining (e.g. throwing, lifting)

Criteria for return to sport or heavy manual work

- Pain-free and stable shoulder during functional testing
- Full range of motion
- Strength within approximately **10% of the uninvolved side**
- Clearance from Dr Richard Dallalana or your physiotherapist

Modifications to your rehabilitation

Your rehabilitation program may be adjusted depending on your specific procedure and tear characteristics:

- **Large or massive tears:**
 - An abduction brace may be fitted and used **full time (except for showering)**
 - **Muscle resistance exercises are only commenced after 12 weeks**
- **Biceps tenodesis:**
 - Limit elbow flexion loading to **less than 500 grams for the first 6 weeks**
 - Delay biceps strengthening (e.g. biceps curls) until **approximately 10 weeks**
- **Subscapularis repair:**
 - External rotation is limited to **neutral for the first 6 weeks**
 - **No resisted internal rotation for approximately 12 weeks**
 - A sling with a **waist strap is used for the first 6 weeks**

Important note

These guidelines provide a general framework for recovery. Any specific instructions provided by Dr Richard Dallalana, whether written or verbal, should be followed in preference to these guidelines.