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## Post-Operative Rehabilitation Guidelines for Small Rotator Cuff Tears

	Sman Rotator Curricurs
1-4 Weeks:	Sling Immobilization
	Active ROM Elbow, Wrist and Hand
	True Passive (ONLY) ROM Shoulder. NO ACTIVE MOTION.
	Pendulums,
	Supine Elevation in Scapular plane $= 140$ degrees
	External Rotation to tolerance with arm at side. (emphasize ER, minimum goal 40°)
	Scapular Stabilization exercises (sidelying)
	Deltoid isometrics in neutral (submaximal) as ROM improves
	No Pulley/Canes until 5 weeks post-op (these are active motions)
	If biceps tenodesis performed, no resisted elbow flexion until 8 weeks
4-8 Weeks:	Discontinue abduction pillow at 4 weeks post-op
	Discontinue sling use at 5 weeks post-op
	Begin Active Assist ROM and advance to Active as Tolerated
	Elevation in scapular plane and external rotation as tolerated
	No Internal rotation or behind back until 6wks.
	Begin Cuff Isometrics at 5 wks with arm at the side
	If biceps tenodesis performed, no resisted elbow flexion until 8 weeks
8-12 Weeks:	Active Assist to Active ROM Shoulder As Tolerated
	Elevation in scapular plane and external rotation to tolerance
	Begin internal rotation as tolerated
	Light stretching at end ranges
	Cuff Isometrics with the arm at the side
	Upper Body Ergometer
3-12 Months	Advance to full ROM as tolerated with passive stretching at end ranges
	Advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers
	Only do strengthening 3x/week to avoid rotator cuff tendonitis
	Begin eccentrically resisted motions, pylometrics (ex. Weighted ball toss),
	proprioception (es. body blade)
	Begin sports related rehab at 4 1/2 months, including advanced conditioning
	Return to throwing at 6 months
	Throw from pitcher's mound at 9 months
	Collision sports at 9 months
	MMI is usually at 12 months post-op