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Dr Kumar Rotator Cuff Protocol   **Revised 6ᵗʰ April 2020**

Prehab (STAGE 0)

- scapulothoracic retraining
- cuff strengthening
- full ROM (if weakness due to cuff tear, aim for full passive ROM
- monitor for adhesive capsulitis (if concerns, contact Dr Kumar)

0-6 weeks (STAGE 1)

- full passive ROM (if concerns about compliance, this occurs under the guidance of therapist only) – **IF SUBSCAPULARIS REPAIR, LIMIT ER TO NEUTRAL FOR FIRST 6 WEEKS**
- scapulothoracic retraining and humeral head positioning exercises
- pendular exercises
- grip strength exercises
- elbow and wrist ROM (PROM elbow if biceps tenodesis)
- may come out of sling for eating, drinking, showering, relaxing (ie, watching TV, computer use)

6 weeks-3 months (STAGE 2)

- full AAROM – INCLUDING FULL AAROM OF SUBSCAPULARIS
- elbow and wrist ROM (AAROM elbow if biceps tenodesis)
- may come out of a sling but should wear if in social situation where protection of repair is not guaranteed (ie, a busy shopping centre)
- begin isometric cuff strengthening at 9 weeks if painless, otherwise delay until 12 weeks

3-6 months (STAGE 3)

- progress to AROM between 12-16 weeks (therapist discretion, depending on patient compliance and motivation)
- elbow and wrist ROM (progress to AROM elbow as for progression with cuff repair)
- progressive activation of upper limb kinetic chain
- theraband cuff strengthening

6+ months (STAGE 4)

- progress strengthening and dynamic upper limb activity
- reintegrate sport-specific activity and manual labour
- phase of return to pre-injury level of function

Timing of Dr Kumar's Post-Operative Appointments

- **2 weeks (Clinical Nurse Specialist)**
- **8 weeks**
- **6 months**

If you have any concerns during prehab/rehab please contact Dr Kumar directly for assistance or more urgent follow-up.