

Rotator Cuff Repair Rehabilitation Protocol (Arthroscopic Repair)

Note to therapists: You may ask patients to bring arthroscopic photos with them for your review and contact our office regarding operative reports or any questions. This protocol might be adjusted for patients on an individual basis. **If biceps tenodesis performed follow phase I tenodesis (no active elbow flexion or full passive extension up to 10 days post op).**

Phase I: Immediate post-surgical phase (Day 1-10)

Goals:

- Maintain integrity of the repair, gradually increase passive ROM, diminish pain and inflammation, prevent muscular inhibition

Precautions:

- No lifting objects, no excessive shoulder extension, no excessive stretching or sudden movements, no supporting of body weight by hands **w/transfer in/out of chair/bed, keep incision clean and dry

Day 1-6:

- Sling/Abduction brace
- Passive Supine ROM (No pendulums)
- Flexion to tolerance 0-90°
- ER 0-40° with wand 5 times a day 20 repetitions
- Active elbow/wrist/hand (E/W/H) gripping and ROM exercises
- Scapular depression and retraction (sitting)
- Neck/Upper quarter stretching
- Cryotherapy for pain and inflammation (ice 15-20 minutes every hour)
- Sleeping (in sling or brace)

Day 7-10:

- Continue use of sling
- Progress passive ROM to tolerance
- Flexion to at least 90° supine
- ER in scapular plane to 35-45°
- IR in scapular plane 35-45°
- Continue active E/W/H ROM exercises
- Neuromuscular Re-education (to prevent Shldr/Scap hiking) use mirror
- Continue use of ice for pain control (at least 6-7 times a day)
- Sleeping (in brace)

Phase II: Protection Phase (day 11 – week 6)

Goals:

- Allow healing of soft tissue, Do not overstress healing tissue, Gradually restore full passive ROM (week 4-5), Re-establish dynamic shoulder stability, Decrease pain and inflammation

Day 11-14:

- Continue use of sling, remove only for exercise with
- Passive ROM to tolerance supine
- Flexion 0-90°
- ER at least 45° to normal for opposite side
- IR in 45° abduction to 45°
- ER/IR in scapular plane
- Flexion/extension at 90° flexion
- Overhead pulleys (Passive motion only)
- Continue use of cryotherapy as needed
- Continue all precautions

Week 3-4:

- Patient should progress to full passive ROM. Flexion to 170° by week 4
- Continue scapular stabilization Ex. and initiate scap. strengthening
- Initiate isotonic elbow flexion
- Continue use of ice as needed
- May use heat prior to ROM exercises
- May use pool for light ROM exercises (passive only no resistive exercises)
- Continue sling

Week 6

- Discontinue use of sling. Use heat prior to exercises
- AAROM and stretching exercises
- AA flexion and Active extension to neutral and AA abduction with active adduction
- Active Assisted exercise program (ROM only)
- ER side-lying
- Side-lying IR
- Prone rowing
- Prone horizontal abduction
- Bicep curls
- Start UBE (upper body ergometer) below 90° elevation

Phase III: Immediate ROM (week 7-10)

Goals:

- Full active ROM (week 8-10), Dynamic shoulder stability, Gradual restoration of shoulder strength and power, Gradual return of functional activities

Week 7

- Initiate AROM exercise
- Shoulder flexion scapular pane
- Shoulder abduction
- Continue stretching and ROM (as needed to maintain full ROM)
- Continue dynamic stabilization drills
- Initiate isotonic strengthening program pain-free
- ER/IR supine
- Prone rowing

- Prone horizontal abduction
- Prone extension
- Elbow flexion
- Elbow extension

Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue humeral head/scapular stabilization exercises.

Week 8-11:

- Continue all exercises listed above
- ER side-lying

Week 12-13:

- Lateral raises
- Full can in scapular plane
- If physician permits, may initiate light functional activities

Week 14:

- Continue all exercises listed above
- Progress to fundamental shoulder exercises

Phase IV: Advance strengthening phase (week 15-22)

Goals:

- Maintain full non-painful ROM, enhance functional use of UE, improve muscular strength and power, gradual return to functional activities

Week 15:

- Continue ROM and stretching to maintain full ROM
- Continue shoulder strengthening to fundamental shoulder exercises
- Initial internal golf program (if appropriate), tennis program (if applicable), and swimming