

SEAN P ROBINSON, MD

**ARTHROSCOPIC ROTATOR CUFF REPAIR
REHABILITATION PROTOCOL**

	RANGE OF MOTION	IMMOBILIZER	EXERCISES
PHASE I 0-4 weeks	0-2 weeks: None 2-4 weeks: begin PROM Limit 90° flexion, 45° ER, 20° extension, 45° abduction, 45° ABER	0-2 weeks: Immobilized at all times day and night Off for hygiene and gentle home exercise according to instruction sheets 2-4 weeks: Worn daytime only	0-2 weeks: Elbow/wrist ROM, grip strengthening and pendulums at home only 2-4 weeks: Begin PROM to ER to 45° Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule and extension Closed chain scapula
PHASE II 4-12 weeks*	Begin active/active- assisted ROM Advance to 140° FE, 135° abduction, 90° ABER, 45° ABIR	None	Continue Phase I work; begin active- assisted exercises, deltoid/rotator cuff isometrics at 8 weeks Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff**
PHASE III 12-16 weeks	Gradual return to full AROM	None	Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization Begin muscle endurance activities (upper body ergometer) Cycling/running as tolerated at 12 weeks
PHASE IV 4-8 months***	Full and pain-free	None	Aggressive scapular stabilization and eccentric strengthening; scapular perturbation Begin plyometric and throwing/racquet program, continue with endurance activities Maintain ROM and flexibility
PHASE V 6-8 months	Full and pain-free	None	Progress Phase IV activities, return to full activity as tolerated

*If a distal clavicle excision is performed, horizontal adduction is restricted for 8 weeks post-op

**If a biceps tenodesis is performed, avoid active flexion of biceps and eccentric loads on biceps for 6 weeks post-op

***Limited return to sports activities during Phase IV if cleared by surgeon

Phase I – 0 to 6 weeks

Goals:

1. Protect surgery
2. Decrease pain and inflammation
3. Increase painfree range of motion
4. Maintain distal muscle strength
5. Patient education

Plan:

1. Sling (0-6 weeks)
2. Modalities including heat, IFC, ultrasound
3. Elbow, wrist and hand exercises
4. Cervical spine stretches
5. Pendulum exercises
6. Scapular mobilization and strengthening
7. Begin PROM: gentle flexion to 90°, abduction, ER and IR as tolerated
8. Aquatic therapy after 3 weeks
9. Cane exercises at end of phase I
10. Home Exercise program

Phase II — 6 to 12 weeks

Goals:

- Control pain and inflammation
- Functional range of motion by end of phase II
- Begin strengthening
- Able to perform self-care ADL's with involved extremity

Plan:

- Modalities PRN
- AAROM with cane: all directions as tolerated
- PROM: all directions as tolerated with caution into flexion
- Glenohumeral joint mobilization
- Isometric rotator cuff strengthening progressing to theraband exercise
- Bicep, tricep and scapular strengthening
- UBE (mid phase II)
- PNF for scapula and shoulder
- Home exercise program

Phase III — 12 to 24 weeks

Goals:

- Full, painfree ROM
- Painfree overhead activities
- Improve strength and neuromuscular control (80% normal strength)
- Progress activity specific exercises
- Improve endurance

Plan:

- UBE
- Self stretches
- Progress rotator cuff and scapular strengthening
- Machine weighted strengthening
- Begin coordination exercises (ball toss, Body Blade)

Phase IV — 24 weeks+

Goals:

- Improve strength (100 %)
- Return to sport

Plan:

- Self stretches
- Progress strengthening, coordination and endurance exercise
- Sport/activity specific exercise