



## Rotator Cuff Repair Rehabilitation Protocol (Post Arthroscopic Repair)

Note to Therapists: Please ask patients to bring arthroscopic photos with them for your review and contact our office regarding Operative reports or any questions. This protocol may be adjusted for patients on an individual basis. Please contact the therapists at Taos Center for Sports medicine (505-737-0304) for any clarification.

### 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

#### Day 1-6

- Sling/Abduction brace
- Passive Supine ROM (No Pendulums)
  - o Flexion to tolerance 0-1400
  - o ER 0-400 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
  - o Flexion to at least 1400 supine
  - o ER in scapular plane to 35-45 deg.
  - o IR in scapular plane to 35-45 deg.
- Continue Active E/W/H ROM exercises
- Neuromuscular Re-education (to prevent Shldr/Scap hiking) use mirror
- Continue Submaximal isometrics

- o Flexion with bent elbow
- o Extension with bent elbow
- o Abduction with bent elbow
- o ER/IR with arm in scapular plane
- Continue use of ice for pain control (at least 6-7 times daily)
- Sleeping (in brace)

Precautions:

1. No lifting of objects
2. No excessive shoulder extension
3. No excessive stretching of sudden movements
4. No supporting of body weight by hands \*\*w/transfer in/out of chair/bed
5. Keep incision clean and dry

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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)  
 Reestablish dynamic shoulder stability  
 Decrease pain and inflammation

Day 11 - 14

- Continue use of sling
- Passive ROM to tolerance supine
- o Flexion 0 - 170 deg.
- o ER at least 45 deg. to normal for opposite side.
- o IR in 45 deg. abduction to 45 deg.
- Dynamic stabilization drills; i.e., rhythmic Humeral head stabilization drills
- o ER/IR in scapular plane
- o Flexion/extension at 90 deg. flexion
- Continue all isometric contractions
- Overhead pulleys (Passive motion only)
- Continue use of cryotherapy as needed
- Continue all precautions

Week 3 - 4

- Patient should exhibit full passive ROM
- Continue scapular stabilization Ex and initiate scap. strengthening
- o resistive retraction, rows (caution: Not if pt. had biceps tenodesis)
- Initiate Active ER supine in scapular plane using wand to stretch at terminal range
- Initiate isotonic elbow flexion

- Self capsular stretches
- Continue use of ice as needed
- May use heat prior to ROM exercises
- May use pool for light ROM exercises (passive only no resistive Ex)
- Continue sling

#### Week 5 - 6

- Discontinue use of sling and may use heat prior to exercise
- AAROM and stretching exercises
- AA Flex with Active Ext to neutral and AA Abduction with Active Adduction
- Initiate AROM exercises
  - o Shoulder flexion scapular plane
  - o shoulder abduction
- Active exercise program
  - o ER side-lying
  - o Side-lying IR
  - o Prone Rowing
  - o Prone horizontal abduction
  - o Biceps curls
  - o Start UBE (upper body ergometer) below 90 deg. elevation

#### Precautions:

1. No heavy lifting of objects
2. No excessive behind-the-back movements
3. No supporting of body weight by hands and arms
4. No sudden jerking motions

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#### Phase III: Intermediate phase (week 7-14)

Goals: Full active ROM (week 8 - 10)

Dynamic shoulder stability

Gradual restoration of shoulder strength and power

Gradual return of functional activities

#### Week 7

- Continue stretching and PROM (as needed to maintain full ROM)
- Continue dynamic stabilization drills
- Initiate isotonic strengthening program pain-free
  - o ER/IR supine
  - o Prone rowing
  - o Prone horizontal abduction
  - o Prone extension

- o Elbow flexion
- o Elbow extension
- \* Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue humeral head/scapular stabilization Ex.

#### Week 8 - 13

- Continue all exercise listed above
- ER side-lying
- Lateral raises\*
- Full can in scapular plane\*
- If physician permits, may initiate light functional activities

#### Week 14

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

#### Phase IV: Advanced 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
- Initiate interval golf program (if appropriate)
- May initiate shoulder plyometrics

#### Week 20

- Continue all exercises listed above
- Progress golf program to playing golf (if appropriate)
- Initiate interval tennis program (if appropriate)