Rehabilitation Protocol: Arthroscopic Rotator Cuff Repair

Name: __________________________________ Date: _______________________

Diagnosis: ________________________ Date of Surgery: _____________

Phase I (Weeks 0-4)

- Sling immobilization with supporting abduction pillow to be worn at all times except for showering and rehab under guidance of PT (if instructed to start before 6 weeks postsurgery)

If physician wants therapy to start before 4 weeks post op:

- Range of Motion – True Passive Range of Motion Only to Patient Tolerance
  - Goals: 140° Forward Flexion, 40° External Rotation with elbow at side, 60-80° Abduction without rotation, Limit Internal Rotation to 40° with the shoulder in the 60-80° abducted position
  - Maintain elbow at or anterior to mid-axillary line when patient is supine

- Therapeutic Exercise – No canes or pulleys during this phase
  - Codman Exercises/Pendulums
  - Elbow/Wrist/Hand Range of Motion and Grip Strengthening
  - Isometric Scapular Stabilization

- Heat/Ice before and after PT sessions

Phase II (Weeks 4-8)

- Discontinue sling immobilization at 6 weeks post surgery
- Range of Motion
  - 4-6 weeks: Gentle passive stretch to reach ROM goals from Phase I
  - 6-8 weeks: Begin AAROM → AROM as tolerated

- Therapeutic Exercise
  - 4-8 weeks: Being gentle AAROM exercises (supine position), gentle joint mobilizations (grades I and II), continue with Phase I exercises

Phase III (Weeks 8-12)

- Range of Motion – Progress to full AROM without discomfort
- Therapeutic Exercise
  - Continue with scapular strengthening
  - Continue and progress with Phase II exercises
  - Begin Internal/External Rotation Isometrics
  - Stretch posterior capsule when arm is warmed-up

- Modalities per PT discretion
Phase IV (Months 3-6)

- Range of Motion – Full without discomfort
- Therapeutic Exercise – Advance strengthening as tolerated starting at 4 months: isometrics → therabands → light weights (1-5 lbs),
  - 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizers
  - Return to sports at 6 months if approved
- Modalities per PT discretion
- No strengthening or resistance exercises until 4 months post-op.

Comments:
**IF BICEPS TENODESIS WAS PERFORMED - NO BICEPS STRENGTHENING UNTIL 8 WEEKS POST-OP**

Frequency: _____ times per week
Duration: _______ weeks

Signature: ____________________________ Date: ____________________