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orthosurgery.med.nyu.edu/sports-medicine

Rehabilitation Protocol: Arthroscopic Rotator Cuff Repair

Name:	Date:
Diagnosis:	Date of Surgery:
Phase I (Weeks 0-4)	
 Sling immobilization with supporting abduction rehab under guidance of PT (if instructed to state of physician wants therapy to start before 4 week) Range of Motion – True Passive Range of Motion of Goals: 140° Forward Flexion, 40° Extern rotation, Limit Internal Rotation to 40° vor maintain elbow at or anterior to mid-axion. Therapeutic Exercise – No canes or pulleys during Codman Exercises/Pendulums of Elbow/Wrist/Hand Range of Motion and Isometric Scapular Stabilization. 	is post op: In Only to Patient Tolerance In O
Heat/Ice before and after PT sessions	
Phase II (Weeks 4-8)	
Discontinue sling immobilizationRange of Motion	
 A-6 weeks: Gentle passive stretch to reach of the company of the co	•
 4-6 weeks: Being gentle AAROM exercises and II), continue with Phase I exercises 	ses (supine position), gentle joint mobilizations (grades I with resistance, shoulder flexion with trunk flexed to 45° in os strengthening**
Phase III (Weeks 8-12)	
Range of Motion – Progress to full AROM without	ut discomfort
Therapeutic Exercise	
 Continue with scapular strengthening Continue and progress with Phase II exe 	proises

Begin Internal/External Rotation IsometricsStretch posterior capsule when arm is warmed-up

Modalities per PT discretion



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Phase IV (Months 3-6)	
 Range of Motion – Full without discomfor 	t
1	ening as tolerated: isometrics \rightarrow therabands \rightarrow light weights (1-5
lbs),	tor Cuff Deltaid and Compular Stabilizana
,	tor Cuff, Deltoid and Scapular Stabilizers
o Return to sports at 6 months if ap	provea
 Modalities per PT discretion 	
Comments: **IF BICEPS TENODESIS WAS PERFORMED - NO	O BICEPS STRENGTHENING UNTIL 8 WEEKS POST-OP
Frequency: times per week	Duration: weeks