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Rehabilitation Protocol: Arthroscopic Rotator Cuff Repair

Name:	Date:
Diagnosis:	Date of Surgery:
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□ 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
- 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
 - o Codman Exercises/Pendulums
 - o Elbow/Wrist/Hand Range of Motion and Grip Strengthening
 - o Isometric Scapular Stabilization Heat/Ice before and after PT sessions

□ Phase II (Weeks 4-8)

- Begin PT at **4-6 weeks**, pending physician discretion
- Discontinue sling immobilization at 6 weeks
- 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
 - **4-6 weeks:** Being gentle AAROM exercises (supine position), gentle joint mobilizations (grades I and II), continue with Phase I exercises
 - **6-8 weeks:** Progress to active exercises with resistance, shoulder flexion with trunk flexed to 45° in upright position, begin deltoid and biceps strengthening**
- Modalities per PT discretion

□ 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



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□ Phase IV (Months 3-6)

- Range of Motion Full without discomfort
- Therapeutic Exercise Advance strengthening as tolerated: isometrics à therabands à light weights (1-5 lbs),
 - o 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

Comments:

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

Frequency: _	times per week	Duration:	weeks
Signature:			Date: