

# Rehabilitation Protocol: Arthroscopic Rotator Cuff Repair

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Orthopedic Surgeon | Sports Medicine

ARTHROSCOPIC SURGERY | JOINT RECONSTRUCTION



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
- 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
  - 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
- Range of Motion
  - **4-6 weeks:** Gentle passive stretch to reach ROM goals from Phase I
  - **6-8 weeks:** Begin  AAROM  AROM as tolerated
  - **4-6 weeks:** Begin 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

## Phase IV (Months 3-6)

- Range of Motion – Full without discomfort
- Therapeutic Exercise – Advance strengthening as tolerated: isometrics  TheraBand  light weights (1-5 lbs), 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizer
- 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: \_\_\_\_\_