

Arthroscopic Rotator Cuff Repair Rehab Protocol

If the tear is small to medium and has good tissue quality.

Phase I: Passive Stage (Weeks 0 to 6)

Brace

- Wear sling (UltraSling) in neutral position except for exercises

Passive Range of Motion

- As tolerated with gentle stretch at available end range

Exercises (if good form)

- Pendulums or Codman's exercises
- Supine passive range of motion forward flexion
- Supine external rotation with stick, roll behind elbow
- Elbow wrist/hand range of motion grip strengthening
- Isometric scapular stabilization
- Pulleys (forward flexion, scaption, abduction)
- *Hand behind the back stretch and internal rotation may be restricted due to size of tear or quality of tissue*
- *Submaximal isometrics may be used if tear is small*

Phase II: Passive, Isometrics, Active Assisted Range of Motion and Gradual Active Range of Motion (Weeks 6 to 8)

Brace

- Only wear sling (UltraSling) in public from weeks six to eight

Exercises

- Continue with Phase I exercises.
- Active Assisted
 - Forward elevation to full
 - External rotation with stick to full
 - Internal rotation (adduction and hand behind the back)
 - Pulleys
 - Pendulums or Codman's exercises
- Isometrics
 - Start with submaximal (25 percent and build 25 percent per week and build as tolerated by pain)
 - **Done with elbow bent at 90 degrees, below 90 degrees**
 - Scapula retract, protract and shrug
 - Deltoid: Snterior middle posterior
 - External rotation/internal rotation
- Stretching
 - Gentle end range stretch for internal rotation, external rotation and elevation

Phase III: Active Motion, End Range Stretching and Resistive Motion (Weeks 8 to 12)

Brace

- No sling (UltraSling)

Passive Range of Motion

- Progress to full motion without discomfort

Active Motion and Stretching

- All planes with good biomechanics
- Forward flexion
- External rotation
- Internal rotation
- Sleeper stretch

Resistive Motions

- Thera-Band (and isometrics for week areas)
- **Done below 90 degrees elevation**
- External rotation and internal rotation
- Three heads of deltoid
- Scapula rotators

**At 12 to 16 weeks, patient can typically begin work hardening or weight training.*

Phase IV (Week 12 to 24)

Brace

- No sling (UltraSling)

Passive/Active Range of Motion

- Full and without discomfort

Resistive Motions

- Advance Phase III
- Begin sport specific activities, maintain flexibility, increase velocity of motion, return to sport activities

**If biceps tenodesis concomitantly performed, no biceps strengthening until eight weeks if approved by Dr. Thieken.*

If the tear:

- Is large or massive
- Requires extensive mobilization
- Is a revision
- Has poor tissue quality
- Has positive history for smoking or diabetes

Follow protocol phases below:

- Phase I: 0 to 6 weeks (internal rotation at 90 degrees abduction limited to 40 degrees)
- Phase II: 6 to 12 weeks (internal rotation at 90 degrees abduction limited to 60 degrees)
- Phase III: Do not begin until three months (progress range of motion to full)
 - **No early isometric or resistive strengthening**
 - **No behind the back internal rotation pulleys until four weeks**

**Home exercise program should be performed one to three times a day. Exercises should last for approximately 20 minutes. Patient should use heat before performing exercises and ice after exercises.*

**Do not use upper body exercises.*