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
• Range of Motion – True Passive Range of Motion Only to Patient Tolerance
  o 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
  o 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)
• Discontinue sling immobilization
• Range of Motion
  o 4-6 weeks: Gentle passive stretch to reach ROM goals from Phase I
  o 6-8 weeks: Begin AAROM → AROM as tolerated
• Therapeutic Exercise
  o 4-6 weeks: Being gentle AAROM exercises (supine position), gentle joint mobilizations (grades I and II), continue with Phase I exercises
  o 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
  o Continue with scapular strengthening
  o Continue and progress with Phase II exercises
  o Begin Internal/External Rotation Isometrics
  o 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 → therabands → light weights (1-5 lbs).
  o 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizers
  o 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: ___________________________