



## **Rehabilitation Protocol: Arthroscopic Rotator Cuff Repair Massive Tears / Superior Capsule Reconstruction**

### **Phase I - Immediate Post-Surgical Phase (Days 1-14)**

Sling immobilization with supporting abduction pillow to be worn at all times except for showering

#### Goals:

Maintain Integrity of the Repair  
Gentle Pendulums ONLY  
Diminish Pain and Inflammation  
Prevent Muscular Inhibition

#### Precautions:

1. No Lifting of Objects
2. No Excessive Shoulder Extension
3. No Excessive Stretching or Sudden Movements
4. No Supporting of Body Weight by Hands
5. Keep Incision Clean & Dry

### **Phase II – Protection Phase (Weeks 2-6)**

Sling immobilization with supporting abduction pillow to be worn at all times except for showering and home exercise program

#### Goals:

Allow Healing of Soft Tissue  
Do Not Overstress Healing Tissue  
Decrease Pain & Inflammation

Therapeutic Exercise – No canes or pulleys during this phase. No Passive ROM – Gentle Pendulums ONLY until week 4. Then may GENTLY progress with some PROM

- o Codman Exercises/Pendulums
  - o Elbow/Wrist/Hand Range of Motion and Grip Strengthening
- Heat/Ice before and after PT sessions

#### Precautions:

1. No Heavy Lifting of Objects
2. No excessive behind the back movements
3. No Supporting of Body Weight by Hands & Arms
4. No Sudden Jerking Motions

### **Phase III (Weeks 6-12)**

Sling immobilization with supporting abduction pillow to be worn at all times except for showering and rehab under guidance of PT (weeks 6-8)

#### Goals:

Progress to full Passive ROM  
Dynamic Shoulder Stability  
Gradual Return to Functional Activities

Range of Motion – True Passive Range of Motion Only to Patient Tolerance

- o Begin Passive ROM → AAROM as tolerated



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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

Precautions:

1. No Heavy Lifting of Objects
2. No excessive behind the back movements
3. No Supporting of Body Weight by Hands & Arms
4. No Sudden Jerking Motions

#### **Phase IV (Weeks 12-24)**

Range of Motion – Progress to full AROM without discomfort

o AAROM → AROM as tolerated

Therapeutic Exercise – No Resistance training until week 16

o Advance strengthening\*\* as tolerated: isometrics → therabands → light weights (1-5 lbs)

o Continue with scapular strengthening

o Continue and progress with Phase III exercises

o Begin Internal/External Rotation Isometrics

o Stretch posterior capsule when arm is warmed-up

o 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizers

Return to normal activities at 6 months if approved

Modalities per PT discretion

#### **Comments:**

**\* IF SUBSCAPULARIS REPAIR WAS PERFORMED – NO EXTERNAL ROTATION UNTIL 10 WEEKS POST-OP**

**\*\* IF BICEPS TENODESIS WAS PERFORMED - NO BICEPS STRENGTHENING UNTIL 10-12 WEEKS POST-OP**