

Rehabilitation Protocol: Arthroscopic Rotator Cuff Repair Medium to Large Tears

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

Sling immobilization with supporting abduction pillow to be worn at all times except for showering. May start pendulums if tolerated after day five when dressings come off. OK to wait until week two to start if not tolerating.

Goals:

Maintain Integrity of the Repair
Gentle Pendulums
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 (Weeks 2-6)

Sling immobilization with supporting abduction pillow to be worn at all times except for showering and rehab under guidance of PT

Goals:

Allow Healing of Soft Tissue
Do Not Overstress Healing Tissue
Gradually Restore Full Passive ROM (Week 4-5)
Re-Establish Dynamic Shoulder Stability
Decrease Pain & Inflammation

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

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)

Discontinue sling immobilization

Goals:

Full Active ROM (Week 10-12)

Maintain Full Passive ROM

Dynamic Shoulder Stability

Gradual Restoration of Shoulder Strength

Gradual Return to Functional Activities

Range of Motion

o 6- 8 weeks: Begin AAROM → AROM as tolerated

Therapeutic Exercise –

o Shoulder Flexion Scapular Plane

o Shoulder Abduction

o Progress Isotonic Strengthening Exercise Program

ER Tubing

Sidelying IR

Prone Rowing

Prone Horizontal Abduction (bent elbow)

Biceps Curls (isotonics)**

Modalities per PT discretion

Phase IV (Weeks 12-24)

Range of Motion – Progress to full AROM without discomfort

Therapeutic Exercise –

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 sports at 6 months if approved

Modalities per PT discretion

Comments:

*** IF SUBSCAPULARIS REPAIR WAS PERFORMED – NO EXTERNAL ROTATION UNTIL 6 WEEKS POST-OP**

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