Arthroscopic Rotator Cuff Repair Protocol
Medium to Large Tear Size

This protocol was developed to provide the rehabilitation professional with a guideline of postoperative rehabilitation course for a patient who has undergone an arthroscopic medium to large size rotator cuff tear repair. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient’s progression. Actual progression should be individualized based upon your patient’s physical examination, individual progress and the presence of any postoperative complications.

The rate limiting factor in arthroscopic rotator cuff repair is the biologic healing of the cuff tendon to the humerus, which is thought to be a minimum of 8-12 weeks. Progression of AROM against gravity and duration of sling use is predicated both on the size of tear and quality of tissue and should be guided by referring physician. Refer to initial therapy referral for any specific instructions.

Phase I: Immediate Post Surgical Phase (Weeks 0-6)

Goals
- Maintain/protect integrity of repair
- Gradually increase PROM
- Diminish pain and inflammation
- Prevent muscular inhibition
- Independence in modified ADLs

Precautions
- No active range of motion (AROM) of shoulder
- No lifting of objects, reaching behind back, excessive stretching or sudden movements
- Maintain arm in brace, sling – remove only for exercise
- Sling use for 6 weeks – medium to large tear size
- No support of body weight by hands
- Keep incisions clean and dry

Day 1 to 6
- Use of Abduction brace/sling (during sleep also) – remove only for exercise
- Passive pendulum exercises (3x/day minimum)
- Finger, wrist, and elbow AROM (3x/day minimum)
- Gripping exercises (putty, handball)
- Cervical spine AROM
- Passive shoulder (PROM) done supine for more patient relaxation
  - Flexion to 110°
  - ER/IR in scapular plane < 30°
- Educate patient on posture, joint protection, importance of brace/sling, pain medication use early, hygiene
- Cryotherapy for pain and inflammation
  - Day 1-3: as much as possible (20 min/hour)
  - Day 4-7: post activity, or as needed for pain

Days 7-42
- Continue use of abduction sling/brace until the end of week 6.
- Pendulum exercises
- Begin PROM to tolerance (supine, and pain-free)
- May use heat prior to ROM
  - Flexion to tolerance
ER in scapular plane $\geq 30^\circ$
IR in scapular plane to body/chest

Gentle scapular plane abduction: begin 0-30° and progress to 0-90° by end of week 7.
Continue elbow, hand, forearm, wrist and finger AROM
Begin resisted isometrics/isotonics for elbow, hand, forearm, wrist and fingers
Begin scapula muscle isometrics/sets, AROM
Cryotherapy as needed for pain control and inflammation
May begin gentle general conditioning program (walking, stationary bike) with caution if unstable from pain medications
No running/jogging
No passive pulley exercise
Aquatherapy may begin approximately 6 weeks post operative if wounds healed

Criteria for progression to next phase (II)
Passive forward flexion to $\geq 125^\circ$
Passive ER in scapular plane to $\geq 60^\circ$ (if uninvolved shoulder PROM $> 80^\circ$)
Passive IR in scapular plane to $\geq 60^\circ$ (if uninvolved shoulder PROM $> 80^\circ$)
Passive abduction in scapular plane to $\geq 90^\circ$

Phase II: Protection and Protected Active Motion Phase (Weeks 7 to 12)
Goals
- Allow healing of soft tissue
- Do not overstress healing soft tissue
- Gradually restore full passive ROM (~ week 8)
- Decrease pain and inflammation

Precautions
- No lifting
- No supported full body weight with hands or arms
- No sudden jerking motions
- No excessive behind back motions
- No bike or upper extremity ergometer until week 8

Weeks 7-9
- Continue with full time use of sling/brace until end of week 6
- Gradually wean from brace starting several hours/day out progressing as tolerated
- Use brace sling for comfort only until full DC by end of week 7
- Initiate AAROM shoulder flexion from supine position week 6-7
- Progressive PROM until full PROM by week 8 (should be pain-free)
- May require use of heat prior to ROM exercises/joint mobilization
- Can begin passive pulley use
- May require gentle glenohumeral or scapular joint mobilization as indicated to obtain full unrestricted ROM
- Initiate prone rowing to a neutral arm position
- Continue cryotherapy as needed post therapy/exercise

Weeks 9-12
- Continue AROM, AAROM, and stretching as needed
- Begin IR stretching, shoulder extension, and cross body, sleeper stretch to mobilize posterior capsule (if needed)
- Begin gentle rotator cuff submaximal isometrics (7-8 weeks)
- Begin glenohumeral submaximal rhythmic stabilization exercises in “balance position (90-100° of elevation) in supine position to initiate dynamic stabilization
- Continue periscapular exercises progressing to manual resistance to all planes
- Seated press-ups
Initiate AROM exercises (flexion, scapular plane, abduction, ER, IR) (should be pain-free) low weight – initially only weight of arm
Do not allow shrug during AROM exercises
If shrug exists continue to work on cuff and do not reach/lift AROM over 90° elevation
Initiate limited strengthening program
*Remember RTC and scapular muscles small and need endurance more than pure strength
    ER and IR with exercise bands/sport cord/tubing
    ER isotonic exercises in side lying (low-weight, high-repetition) may simply start with weight of arm
    Elbow flexion and extension isotonics

Criteria for progression to Phase III
Full AROM

Phase III: Early Strengthening (Weeks 12-18)
Goals
    Full AROM (weeks 12-14)
    Maintain full PROM
    Dynamic shoulder stability (GH and ST)
    Gradual restoration of GH and scapular strength, power and endurance
    Optimize neuromuscular control
    Gradual return to functional activities

Precautions
    No lifting objects > 5 lbs, no sudden lifting or pushing
    Exercise should not be painful

Week 12
    Continue stretching, joint mobilization, and PROM exercises as needed
    Dynamic strengthening exercises
    Initiate strengthening program
        Continue exercises as above weeks 7-12
        Scapular plane elevation to 90° (patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic exercises. If unable then continue cuff/scapular exercises)
        Full can (no empty can abduction exercises)
        Prone rowing
        Prone extension
        Prone horizontal abduction

Week 14
    Continue all exercise listed above
    May begin BodyBlade, Flexbar, Boing below 45°
    Begin light isometrics in 90/90 or higher supine, PNF D2 flexion/extension patterns against light manual resistance
    Initiate light functional activities as tolerated

Week 16
    Continue all exercises listed above
    Progress to fundamental exercises (bench press, shoulder press)
    Initiate low level plyometrics (2-handed, below chest level – progressing to overhead and finally 1-handed drills)

Criteria for progression to Phase IV
    Ability to tolerate progression to low-level functional activities
    Demonstrate return of strength/dynamic shoulder stability
    Reestablishment of dynamic shoulder stability
    Demonstrated adequate strength and dynamic stability for progression to more demanding work and sport-specific activities
Phase IV: Advanced Strengthening Phases (Weeks 18-24)

Goals
- Maintain full non-painful AROM
- Advanced conditioning exercise for enhanced functional and sports specific use
- Improve muscular strength, power and endurance
- Gradual return to all functional activities

Week 18
- Continue ROM and self-capsular stretching for ROM maintenance
- Continue progressive strengthening
- Advanced proprioceptive, neuromuscular activities
- Light isotonic strengthening in 90/90 position
- Initiation of light sports (golf chipping/putting, tennis ground strokes) if satisfactory clinical exam

Week 24
- Continue strengthening and stretching
- Continue joint mobilization and stretching if motion is tight
  - Initiate interval sports program (eg, golf, doubles tennis) if appropriate