



PROCEDURE: ARTHROSCOPIC ROTATOR CUFF REPAIR

***Please note:** This document is intended to provide guidelines for the postoperative rehabilitation of a patient who had undergone an isolated arthroscopic rotator cuff repair of the shoulder. The presence of other repairs would require a different rehabilitation protocol. The intent of this protocol is to not to supplant the decision making of the clinician, but to suggest a structure and progression of rehabilitation. When available, please refer to the operative note for further subtleties of the anticipated postoperative rehabilitation.*

If the clinician requires assistance in the progression of a postoperative patient, please contact Dr. O'Donnell's office.

SUMMARY:

- **Remain in shoulder immobilizer for 6 weeks with immediate elbow, wrist and finger AROM/PROM. If a biceps tenodesis was done concurrently, elbow PROM should begin immediately, with AROM initiation after 2 weeks.**
- **NO SHOULDER ROM for the first 6 weeks postoperatively.**
- **May come out of sling at 6 weeks, then sling wear is only for comfort**
- **Weeks 6 – 12: Regain shoulder PROM/AROM progressively.**
- **Weeks 12+: Shoulder strengthening exercises**

PHASE I – IMMEDIATE POSTOPERATIVE REHABILITATION (Weeks 1-6):

Goals:

- Maintain integrity of repair
- Diminish pain and inflammation
- Prevent muscular inhibition
- Independence with ADLs while maintaining no shoulder range of motion.

Precautions:

- No active range of motion (AROM) or passive ROM (PROM) of the shoulder
- Maintain arm in sling, remove only for exercise of the elbow, wrist, or fingers
- No lifting of objects
- No shoulder motion behind back
- No excessive stretching or sudden movements

- No supporting of body weight by hands
- Keep incision clean and dry

DAY 1 TO 6:

- Sling with bump in place
 - Sleep in brace / sling
 - Begin scapula musculature isometrics / sets; cervical ROM
 - Patient education: posture, joint protection, positioning, hygiene, etc.
 - Cryotherapy for pain and inflammation
- Day 1-2: cryotherapy, no longer than 20 minutes per hour, every hour
- Day 3-6: cryotherapy post activity, or for pain
- Day 7-6 weeks: cryotherapy as needed for pain control and inflammation

PHASE II – INITIATION OF ROM (Weeks 6 – 12)

Goals:

- Allow healing of soft tissue
- Do not overstress healing tissue
- Gradually restore full passive ROM
- Decrease pain and inflammation

Precautions:

- No lifting
- No supporting of body weight by hands and arms
- No excessive behind the back movements
- No sudden jerking motions

Criteria for progression to the next phase (III):

- Full AROM

WEEK 6-8:

- Continue use of brace / sling full time until end of week 5
- Discontinue use of sling at week 6, may use for comfort only
- Initiate passive range of motion (PROM) and active assisted range of motion (AAROM) flexion in supine position
- Progressive passive ROM - this ROM should be PAIN FREE
- Gentle Scapular/glenohumeral joint mobilization as indicated to regain PROM
- Continue previous exercises in Phase I as needed
- Continue all precautions
- Initiate prone rowing to neutral arm position
- Continue cryotherapy as needed
- May use heat prior to ROM exercises
- Ice after exercise

WEEK 8-12:

- Goal is to obtain full PROM
- Obtain full AAROM and stretching exercises
- Initiate active ROM (AROM) exercises
- Shoulder flexion scapular plane
- Shoulder abduction

PHASE III – STRENGTHENING PHASE (Weeks 12 +):

Goals:

- Full AROM (week 10-12)
- Maintain Full PROM
- Dynamic Shoulder Stability
- Gradual restoration of shoulder strength, power, and endurance
- Optimize neuromuscular control
- Gradual return to functional activities

Precautions:

- No heavy lifting of objects (no heavier than 5 lbs.)
- No sudden lifting or pushing activities
- No sudden jerking motions

Criteria for progression to the next phase (IV):

- Able to tolerate the progression to low-level functional activities
- Demonstrates return of strength / dynamic shoulder stability
- Re-establish dynamic shoulder stability
- Demonstrates adequate strength and dynamic stability for progression to higher demanding work/sport specific activities.

WEEK 12:

- Continue stretching and passive ROM (as needed)
 - Dynamic stabilization exercises
 - Initiate strengthening program
- External rotation (ER)/Internal rotation (IR) with therabands/sport cord/tubing
- ER Sidelying
- Lateral Raises*
- Full Can in Scapular Plane* (**avoid empty can abduction exercises at all times**)
- Prone Rowing
- Prone Horizontal Abduction
- Prone Extension
- Elbow Flexion
- Elbow Extension

*Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue glenohumeral joint exercises

WEEK 13:

- Continue all exercise listed above
- Initiate light functional activities

WEEK 14:

- Continue all exercise listed above
- Progress to fundamental shoulder exercises

PHASE IV – ADVANCED STRENGTHENING PHASE (Weeks 16-22):

Goals:

- Maintain full non-painful active ROM
- Advance conditioning exercises for Enhanced functional use of UE
- Improve muscular strength, power, and endurance
- Gradual return to full functional activities

WEEK 16:

- Continue ROM and self-capsular stretching for ROM maintenance
- Continue progression of strengthening
- Advance proprioceptive, neuromuscular activities

WEEK 20:

- Continue all exercises listed above
- Continue to perform ROM stretching, if motion is not complete

PHASE V – RETURN TO ACTIVITY (Weeks 22-26):

Goals:

- Gradual return to strenuous work activities
- Gradual return to recreational activities
- Gradual return to sport activities

WEEK 23:

- Continue strengthening and stretching
- Continue stretching, if motion is tight

WEEK 26:

- May initiate interval sport program (i.e. golf, etc.), if appropriate



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