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ARTHROSCOPIC ROTATOR CUFF REPAIR REHABILITATION PROTOCOL

*Large to Massive Tears

RANGE OF **MOTION**

IMMOBILIZER

THERAPEUTIC EXERCISE***

stabilization

PHASE I 0 - 6 weeks

PHASE II

6-10 weeks

0-2 weeks in sling 2-4 weeks pendulum only

tolerance - maintain elbow

Sling with supporting abduction pillow to be worn Codman's, elbow/wrist/hand ROM, grip strengthening, isometric scapular

4-6 wks Passive range only - to at all times except for

hygiene and therapeutic

at or anterior to mid-axillary exercise

line while supine - limit internal rotation at 90 oto

6-8 weeks: Gentle passive

stretch to 160 of forward

40° and behind back to T12 None

6-8 weeks: begin gentle active assistive/

active exercises, begin gentle joint mobilizations (grades I and II), continue

with phase I exercises

flexion, 60 ° external rotation 8-10 weeks: begin active exercises

at side, and abduction to 60begin deltoid and biceps*

80° - increase internal rotation gently at 90 % 60 ° and behind back to T7-T8

8-10 weeks: increase ROM

to tolerance None Continue with scapular strengthening,

> progress exercises in phase II, begin internal/external rotation isometrics, stretch posterior capsule when arm is

warmed-up

strengthening

None Advance exercises in phase III,

> begin sport-specific activities, maintain flexibility, increase velocity of motion,

return to sports activities**

PHASE III 10 - 12 weeks

Progress to full motion without discomfort

PHASE IV 12 weeks -5 months

Full without discomfort

NOTE: For mini-open or open repairs, same protocol is followed

^{*}If biceps tenodesis is concomitantly performed, NO biceps strengthening until 6 weeks post-operative

^{**}If approved by physician

^{***} For larger tears, active exercise will not be allowed for 6 weeks