

## ARTHROSCOPIC ROTATOR CUFF REPAIR REHABILITATION PROTOCOL

\*Small to Medium Tears

RANGE OF MOTION	IMMOBILIZER	THERAPEUTIC EXERCISE***
<b>PHASE I</b> <b>0 - 4 weeks</b>	Passive range only - to tolerance - maintain elbow at or anterior to mid-axillary line while supine - limit internal rotation at 90 ° to 40° and behind back to T12	Sling with supporting abduction pillow to be worn at all times except for hygiene and therapeutic exercise  Codman's, elbow/wrist/hand ROM, grip strengthening, isometric scapular stabilization
<b>PHASE II</b> <b>4 - 8 weeks</b>	<b>4-6 weeks:</b> Gentle passive stretch to 160 ° of forward flexion, 60 ° external rotation at side, and abduction to 60-80° - increase internal rotation gently at 90 ° to 60 ° and behind back to T7-T8 <b>6-8 weeks:</b> increase ROM to tolerance	None  <b>4-6 weeks:</b> begin gentle active assistive/active exercises, begin gentle joint mobilizations (grades I and II), continue with phase I exercises <b>6-8 weeks:</b> begin active exercises begin deltoid and biceps* strengthening
<b>PHASE III</b> <b>8 - 12 weeks</b>	Progress to full motion without discomfort	None  Continue with scapular strengthening, progress exercises in phase II, begin internal/external rotation isometrics, stretch posterior capsule when arm is warmed-up
<b>PHASE IV</b> <b>12 weeks - 5 months</b>	Full without discomfort	None  Advance exercises in phase III, begin sport-specific activities, maintain flexibility, increase velocity of motion, return to sports activities**

\*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

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