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Arthroscopic Rotator Cuff Repair  
Medium & Large Tears (1-10 cm<sup>2</sup> in area)

**Phase 1**

Goals...

- Decrease pain and inflammation.
- Protect the surgical repair.
- Gradually regain passive range of motion.

Week 0-3 (Home Exercise Phase) 12119-1114

- Sling is worn at all times for initial 6 weeks (including sleep) except for hygiene and exercises.
- The patient is taught gentle PROM exercises for home.
- Wrist and Elbow Exercises
  - ◊ Wrist and elbow ROM exercises (PROM, AAROM, AROM).
  - ◊ Grip strength exercises.
  - ◊ Low weight wrist flexion and extension exercises.
- Shoulder ROM Exercises (PROM)
  - ◊ Pendulum exercises.
  - ◊ Self-PROM exercises below shoulder level.

Weeks 4-6 1115-215

- Formal physical rehabilitation begins.
- Continue elbow, wrist and grip strength exercises.
- Shoulder ROM Exercises
  - ◊ Pendulum exercises.
  - ◊ PROM exercises with these degree limits: forward elevation (FE) – 150, abduction (Abd) – 100, external rotation (ER) – 60, internal rotation (IR) 30.

## **Phase 2**

### Goals...

- Progress gradually to full preoperative passive ROM by week 12.
- Progress toward adequate neuromuscular control for normal AROM without substitution or compensation patterns.

### Weeks 7-8

- Shoulder ROM Exercises (PROM, AAROM)
  - ◊ Progress PROM as tolerated.
  - ◊ Begin AAROM exercises.

### Weeks 9-10

- Continue PROM and AAROM exercises.
- Begin AROM exercises.
- Institute minimal-cuff recruitment scapular stabilizer strengthening exercises.

### Weeks 11-12

- Shoulder ROM Exercises
  - ◊ Progress PROM to regain full range of motion.
  - ◊ Progress AROM exercises.
- Rotator Cuff and Scapular Stabilizer Strengthening
  - ◊ Begin light isometric rotator cuff exercises.
  - ◊ Continue minimal-cuff recruitment scapular stabilizer strengthening exercises.

## **Phase 3**

### Goals...

- Develop strength in rotator cuff.
- Improve shoulder kinematics for functional activities.

### Weeks 12-16

- Rotator Cuff and Scapular Stabilizer Strengthening
  - ◊ Progress to greater isometric resistances.
  - ◊ Institute light isotonic cuff and cuff-recruitment scapular stabilizer exercises.
- Pursue correction of any PROM deficits.
- May institute light functional activities.

### Weeks 17 – 20

- Progress intensity of rotator cuff and scapular stabilizer exercises.
- Ensure optimization of shoulder kinematics for easy functional activities.
- Progress intensity of functional activities.

## **Phase 4**

### Goals...

- Prepare the non-throwing athlete for interval sports program.
- Develop strength and power in large shoulder muscles.

### Weeks 21-24

- Begin formal weight training program.
- Institute core strengthening program.
- Gear functional activities to interval sports program for non-throwing athletes.

## **Phase 5**

### Goals...

- Prepare non-throwing athlete for return to sports.
- Prepare the throwing athlete for interval sports program.

### Weeks 25-28

- Allow non-athletes to return to activities without restrictions.
- Progress and finish interval sports program for non-throwing athletes.
- Allow non-throwing athletes to return to sports after successful completion of interval sports program.
- Prepare the throwing athlete for interval throwing program with more difficult functional activities.

### Weeks 29+

- Progress the throwing athlete to an interval throwing program.
- Return throwing athlete to sports after successful completion of interval throwing program.



### ***Special Considerations...***

- ▶ This protocol was designed to serve as a guide for progression through a progressive protocol and not to restrict skilled therapists in their selection of rehabilitation techniques.
- ▶ My rotator cuff tears are repaired with all-arthroscopic techniques and no formal incisions. Because of this, the patients often feel quite good in the early postoperative period and may try to do some things that could jeopardize their repairs. Although this rehabilitation protocol is progressive, I do not see much benefit to begin any significant strengthening before twelve weeks postoperatively. This is when there should be adequate tendon-to-tendon and tendon-to-bone healing to allow rotator cuff strengthening.
- ▶ Rotator cuff tissue quality, presence of significant partial tearing and thinning, tear chronicity, tear mobility, need for cuff mobilizations or interval releases, and the presence of cuff muscle atrophy all affect rehabilitation progressions and individual programs. Please attend to these variables accordingly.
- ▶ Since rotator cuff strengthening does not begin until three months postoperative, it is likely that patients will not have much to do at their rehabilitation sessions for a period of time before three months. Because of limited rehabilitation benefits imposed by insurance companies, it may be worthwhile to suspend formal therapy until the patient can progress to a new phase in their rehabilitation. They can be given a home program during this time.
- ▶ Please call me with any questions regarding this protocol or any rotator cuff repair patients and athletes.