

NAME: _____ DOS: _____

FREQUENCY/DURATION: ___ TIMES PER WEEK FOR ___ WEEKS

Arthroscopic Rotator Cuff Repair

Will NOT start Physical Therapy after first operative visit (around Week 2)

Phase 1 (weeks 2-6)

- Sling Immobilization**
 - Sling with abduction pillow to be worn at all times except for showering and rehab under guidance of PT
- Range of Motion- true passive ROM** only to patient tolerance
 - Goals: 140 degrees of forward flexion, 40 degrees of external rotation with elbow at side, 60-80 degrees abduction without rotation, internal rotation to 40 degrees with the shoulder in the 60-80 degree abducted position
 - Maintain elbow at or anterior to mid axillary line when patient is supine
 - Week 3- May begin joint mobilizations grade 1 & 2 for pain relief as indicated for all shoulder girdle joints (GH, SC, AC, ST)
- Therapeutic Exercises**
 - Pendulum/Codman exercises
 - Elbow/wrist/hand range of motion (no resistance with bicep curls if biceps tenodesis performed)
 - Grip strengthening
 - Isometric scapular stabilization (shoulder shrugs, shoulder blade pinches)
 - Postural education
 - No canes or Pullys
 - Heat/ice PRN
- Activity to Avoid**
 - No active ROM of your shoulder, even if there is minimal to no pain
 - Avoid pushing up from lying or seated position with arm

Phase 2 (Weeks 6-12)

- Sling Immobilization**
 - May discontinue
 - May start to use arm for bathing, eating, driving, typing, eat/drinking
- Range of Motion- true passive ROM** only to patient tolerance
 - Weeks 4-6: gentle PROM to reach goals from Phase 1
 - Weeks 6-8: begin AAROM
 - Weeks 8-12: initiate AROM, progress to full AROM without discomfort
- Therapeutic Exercises**
 - Week 6: begin gentle AAROM exercises (supine), gentle joint mobilizations (1&2), continue with phase 1 exercises
 - Week 8: progress to active exercises, deltoid and biceps strengthening**
 - Week 10-12: if AROM demonstrates good mechanics/pain free then initiate strengthening program (may be delayed up to 16 weeks for large/massive tears)
 - Light resisted band exercises in pain free ROM of non repaired segments of cuff and scapula
 - Week 12: able to bear weight
 - Stretch posterior capsule when arm is warmed up
 - Modalities PRN
- Activity to Avoid**
 - No lifting or activities that require ROM past pain, no lifting > cup of water
 - No supporting body weight by hands and arms
 - No excessive behind back movement
 - No sudden jerking movements

Phase 3 (Weeks 12-16)

- Range of Motion**
 - Advance to full/painless ROM

Therapeutic Exercises

- Advance as tolerated. Isometrics -->TheraBand --> light weights (1-5 lbs.)
- ER side lying with towel, full can in scapular plane, prone scaption, prone rowing, prone horizontal abduction, prone extension, push ups on wall/ push up plus, ER/IR at 90 degrees abduction, arm raises with thumb up (full can)
- Program should focus on high repetitions (30-50 reps), low resistance
- Return to sports at 6 months if **cleared by MD**

Activity to Avoid

- No lifting heavier than 5 lbs.
- No sudden lifting/pushing activities
- No sudden jerking movements
- Do not perform arm raises with thumb down (empty can) at any stage of rehab due to impingement/stress on cuff repair

Phase 4 (Months 4-6)

Range of Motion

- Continue ROM/stretching program to maintain ROM

Therapeutic Exercises

- 3 days/week home strengthening program
- Sport/work specific program

Activity to Avoid

- No lifting heavier than 10 lbs.
- No sudden lifting/pushing activities
- No progression into activities that are painful and/or do not have adequate ROM and strength to perform
- Do not perform arm raises with thumb down (empty can) at any stage of rehab due to impingement/stress on cuff repair

****IF BICEPS TENODESIS WAS PERFORMED- NO BICEPS STRENGTHENING UNTIL 8 WEEKS POST OP****