

# ARTHROSCOPIC ROTATOR CUFF REPAIR

## REHABILITATION PROTOCOL

	RANGE OF MOTION	SLING	EXERCISES
<b>PHASE I</b> 0-2 weeks	<b>0-2 weeks:</b> gentle PROM	Worn at all times, day and night**  Off for hygiene and gentle home exercises according to instruction sheets	<b>0-2 weeks:</b> hand/wrist/elbow ROM, grip strengthening and pendulums at home only  *Lower body, core, and gentle stationary bike okay if in sling and not using arm
<b>PHASE II</b> 2-4 weeks	Begin PROM up to 90° FE, 45° ER, 20° extension, 45° abduction, 45° ABER	Sling worn daytime only**	Begin PROM as tolerated, Codman's, posterior capsule mobilizations, closed chain scapular stabilizations; avoid stretch of anterior capsule and extension
<b>PHASE III</b> 4-12 weeks	Begin AAROM/AROM-advance to 140° forward elevation, 135° abduction, 90° ABER, 45° ABIR	Discontinue sling at 4 weeks	Continue phase II exercises; begin active-assisted exercises, resistive exercises for scapular stabilizers, triceps, biceps, and rotator cuff  <b>8wks:</b> Deltoid/rotator cuff isometrics
<b>PHASE IV</b> 12-16 weeks	Gradual return to full AROM	None	Advance activities in Phase III; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization  Begin muscle endurance activities (upper body ergometer)  Cycling/running as tolerated at 12 weeks
<b>PHASE V</b> 4-5 months	Full and pain-free	None	Aggressive scapular stabilization and eccentric strengthening; scapular perturbation  Advance therabands and dumbbells as tolerated  Begin plyometric, throwing/sports related program, continue with endurance activities  Maintain ROM and flexibility
<b>PHASE VI</b> 5-7 months	Full and pain-free	None	Progress Phase V activities, return to full activity and sport as tolerated

\*If a distal clavicle excision is performed, cross body adduction is restricted until 8 weeks post-op

\*\*May remove sling if arm is supported on chair/desk/table (ie desk work, eating)

\*\*Patient protocols may vary. Please follow patient-specific script if modified