## ARTHROSCOPIC ROTATOR CUFF REPAIR REHABILITATION PROTOCOL

	RANGE OF MOTION	SLING	EXERCISES
PHASE I 0-2 weeks	0-2 weeks: gentle PROM	Worn at all times, day and night**	0-2 weeks: hand/wrist/elbow ROM, grip strengthening and pendulums at home only
		Off for hygiene and gentle home exercises according to instruction sheets	*Lower body, core, and gentle stationary bike okay if in sling and not using arm
PHASE II 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
PHASE III 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  8wks: Deltoid/rotator cuff isometrics
PHASE IV 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
PHASE V 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
PHASE VI 5-7 months	Full and pain-free	None	Progress Phase V activities, return to full activity and sport as tolerated

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

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

<sup>\*\*</sup>Patient protocols may vary. Please follow patient-specific script if modified