

## ARTHROSCOPIC ROTATOR CUFF REPAIR REHABILITATION PROTOCOL

	<b>RANGE OF MOTION</b>	<b>IMMOBILIZER</b>	<b>THERAPEUTIC EXERCISE***</b>
<b>PHASE I 0 - 4 weeks</b>	<b>Passive range only</b> - to tolerance - maintain elbow at or anterior to mid-axillary line while supine - limit internal rotation at 90 ° 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 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 ° 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 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 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 repairs, same protocol is followed**