



## ARTHROSCOPIC ROTATOR CUFF REPAIR REHABILITATION PROTOCOL

	RANGE OF MOTION	IMMOBILIZER	EXERCISES
<b>PHASE I</b> 0-4 weeks	<p><b>0-2 weeks:</b> None</p> <p><b>2-4 weeks:</b> begin PROM Limit 90° flexion, 45° ER, 20° extension, 45° abduction, 45° ABER</p>	<p><b>0-2 weeks:</b> Immobilized at all times day and night</p> <p>Off for hygiene and gentle home exercise according to instruction sheets</p> <p><b>2-4 weeks:</b> Worn daytime only</p>	<p><b>0-2 weeks:</b> Elbow/wrist ROM, grip strengthening and pendulums at home only</p> <p><b>2-4 weeks:</b> Begin PROM to ER to 45° Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule and extension</p> <p>Closed chain scapula</p>
<b>PHASE II</b> 4-12 weeks*	<p>Begin active/active-assisted ROM</p> <p>Advance to 140° FE, 135° abduction, 90° ABER, 45° ABIR</p>	None	<p>Continue Phase I work; begin active-assisted exercises, deltoid/rotator cuff isometrics at 8 weeks</p> <p>Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff**</p>
<b>PHASE III</b> 12-16 weeks	Gradual return to full AROM	None	<p>Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization</p> <p>Begin muscle endurance activities (upper body ergometer)</p> <p>Cycling/running as tolerated at 12 weeks</p>
<b>PHASE IV</b> 4-6 months***	Full and pain-free	None	<p>Aggressive scapular stabilization and eccentric strengthening; scapular perturbation</p> <p>Begin plyometric and throwing/racquet program, continue with endurance activities</p> <p>Maintain ROM and flexibility</p>
<b>PHASE V</b> 6-8 months	Full and pain-free	None	Progress Phase IV activities, return to full activity as tolerated

\*If a distal clavicle excision is performed, horizontal adduction is restricted for 8 weeks post-op

\*\*If a biceps tenodesis is performed, avoid active flexion of biceps and eccentric loads on biceps for 6 weeks post-op

\*\*\*Limited return to sports activities during Phase IV if cleared by surgeon