



# **ARTHROSCOPIC ROTATOR CUFF REPAIR SMALL TO MEDIUM TEARS POST-OP PROTOCOL**

*Craig L. Vosburgh, MD*  
*Tallgrass Orthopedics & Sports Medicine*  
*TALLGRASSORTHOPEDICS.COM*

**Patient Name:**  
**Date of Surgery:**

Formal physical therapy will usually start 4-5 weeks following surgery.

In general, patients are instructed that the first month is to allow healing, the second month is for stretching and the third/fourth months are for strengthening.

## **Phase I - Immediate Post-Surgical Phase - Weeks 0-2**

### Goals:

Maintain/protect integrity of the repair  
Gradually increase Passive ROM (PROM)  
Control and reduce pain and inflammation  
Prevent muscular inhibition

### Precautions:

Maintain arm in sling, remove only for exercises and bathing  
Wear sling at night for sleeping  
May lift small items (phone, book, plate...) with arm in sling  
No excessive shoulder extension or motion behind back  
No excessive stretching or sudden movements  
No supporting of body weight by hands  
Keep incision clean and dry

### Days 1-14:

Wear sling during day and night  
Elbow, wrist ROM, and hand gripping exercises

Arthroscopic Rotator Cuff Repair (Small Tear)  
Rehab Protocol  
Craig L. Vosburgh  
Tallgrass Orthopedics & Sports Medicine

Pendulums - the arm should dangle and the muscles must be completely relaxed. Move the arm by rocking the body forward/back, side to side, or in a circle; NOT by moving the arm.  
Cryotherapy and E-stim PRN for pain and inflammation

## **Phase II - Protection Phase - Weeks 2-6**

### Goals:

Allow healing of soft tissue  
Do not overstress repair  
Gradually restore full PROM (week 4-5)  
Decrease pain and inflammation

### Precautions:

May lift small items (phone, book, plate...) with arm in sling  
No excessive shoulder extension or behind the back movements  
No sudden jerking movements  
BICEPS TENODESIS: no resisted elbow flexion/forearm supination for 6 weeks  
No supporting of body weight by hands

### Weeks 2-4:

Start physical therapy  
Continue use of sling, D/C abduction pillow as pain allows at week 3  
Passive ROM (PROM)  
Flexion to at least 140°  
ER in scapular plane to 20°-25°, progressing to ER at 90° of abduction to at least 45°  
IR in scapular plane to 30°-35°, progressing to IR at 90° of abduction to at least 45°  
Active assistive ROM (AAROM) exercise (L-bar or cane)  
ER/IR in scapular plane, progressing to 90° of abduction  
Flexion to tolerance (therapist provides assistance by supporting UE, especially with lowering)  
Continue elbow, wrist ROM, and hand gripping exercises  
Pendulums  
Initiate isometrics of non-involved tendons (submaximal and **painfree**)  
Flexion with elbow flexed to 90°  
Extension with elbow flexed to 90°  
Abduction with elbow flexed to 90°  
External rotation at neutral  
Internal rotation at neutral  
Initiate dynamic stabilization exercises  
Rhythmic stabilization ER/IR at 45° of abduction  
Flexion/extension at 100° of flexion  
Continue cryotherapy and E-stim PRN for pain and inflammation

### Weeks 4-5:

Patient should exhibit full PROM by week 4-5  
Continue all exercises listed above

Initiate manual resistance ER in scapular plane (supine)  
Initiate prone rows and extension  
Initiate isotonic elbow flexion (if no biceps tenodesis)  
Initiate scapular stabilization exercises (serratus punches, scap squeezes, wall serratus push, seated push up)  
Continue cryotherapy and E-stim PRN  
May use heat prior to ROM exercises

Weeks 5-6:

Continue AAROM and stretching exercise, especially for motions that are not full  
Shoulder flexion  
ER at 90° of abduction  
Initiate Active ROM (AROM)  
Shoulder flexion in scapular plane  
Shoulder abduction  
Initiate ER/IR with tubing (use towel roll)  
Initiate prone horizontal abduction at 90° with palm down, gradually progressing to 120° with thumb up

**Phase III - Intermediate Phase - Weeks 6-14**

Goals:

Full AROM (weeks 8-10)  
Maintain full PROM  
Gradually restore shoulder strength  
Gradual return to functional activities

Weeks 6-10:

Continue AAROM, PROM, and stretching (as needed to maintain full ROM)  
Continue dynamic stabilization exercises  
Progress rotator cuff and scapular strengthening program  
ER/IR tubing  
ER sidelying  
Lateral raises - patient must be able to elevate UE without shoulder or scapular hiking before initiating isotonic  
Full can in scapular plane  
Prone rows, horizontal abduction, extension, scaption  
Elbow flexion/extension  
If physician permits, may initiate light functional activities at week 8

Weeks 10-14:

Continue all exercises listed above  
Progress strengthening program  
Therapist may initiate isotonic resistance (1 lb) during flexion and abduction  
\*\* If non-painful normal motion is exhibited  
Progress strengthening program (1 lb/10 days non-painful)

## **Phase IV - Advanced Strengthening Phase - Weeks 14-22**

### Goals:

Maintain full non-painful ROM  
Increase muscular strength and power  
Gradual return to functional activities

### Weeks 14-22:

Continue ROM and stretching to maintain full ROM  
Self-capsular stretching  
Progress shoulder strengthening exercises  
Initiate interval golf program (if appropriate) - week 15  
Initiate interval tennis program (if appropriate) - week 20  
May initiate swimming

## **Phase V - Return to Activity Phase - Weeks 22-36**

### Goals:

Gradual return to higher level work activities  
Gradual return to recreational sport activities

### Weeks 23-36:

Continue shoulder strengthening exercises (at least 4 times weekly)  
Continue stretching, if motion is restricted  
Continue progression to sport participation