# Arthroscopic Rotator Cuff Repair

**Small to Medium Tears**

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<th><strong>Phase I</strong>—Immediate Post-Surgical Phase (Weeks 0-2)</th>
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- **Goals:**
  - Maintain/protection 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
  - Wear sling at night for sleeping
  - No external rotation past neutral for 4 weeks
  - No active or resisted internal rotation for 6 weeks
  - No lifting of objects
  - 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
  - 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 circle NOT by moving the arm.
• Shoulder shrugs and scapular retraction
• Cryotherapy and E-stim PRN for pain and inflammation

• Phase II—Protection Phase (Weeks 2-6)
  Date: ____________________
  • Goals:
    • Allow healing of soft tissue
    • Do not overstress repair
    • Gradually restore full PROM (week 4-5)
    • Decrease pain and inflammation

  • Precautions:
    • No external rotation past neutral for 4 weeks
    • No active or resisted internal rotation for 6 weeks
    • No lifting of objects
    • 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, physician decision on D/C at week 3-4
    • Passive ROM (PROM)
      • Flexion 0-100 degrees: week 2; 120-1240 degrees: week 3-4
      • ER at 0-45 degrees of abduction to neutral
      • IR at 0-45 degrees of abduction to 45-60 degrees
    • Active assistive ROM (AAROM) exercise (L-bar or cane)
      • 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 pain-free)
  - Flexion with elbow flexed to 90 degrees
  - Abduction with elbow flexed to 90 degrees
  - External rotation at neutral
- Continue cryotherapy and E-stim PRN for pain and inflammation

- **Weeks 5-6:**
  - Gradually progress ROM as tolerated
    - Flexion to 160 degrees
    - ER/IR at 0-45 degrees of abduction
      - IR to full
      - ER to 30-40 degrees
      - Begin IR at 90 degrees abduction (PROM & AAROM)
    - Joint mobilizations as necessary
  - Continue all exercises listed above
  - Initiate prone rows and extension
  - Initiate scapular stabilization exercises (serratus punches, scap squeezes, wall serratus push)
  - Continue cryotherapy and e-stim PRN
  - May use heat prior to ROM exercises

- **Phase III—Intermediate Phase (Weeks 6-14)**
  - **Date:** __________________
  - **Goals:**
    - Regain full ROM
    - Gradually restore shoulder strength
    - Enhance neuromuscular control
    - Gradual return to functional activities
• **Week 6-10:**
  - Continue AROM and stretching exercises
    - Shoulder flexion to tolerance
    - Begin ER at 90 degrees abduction to 40-45 degrees
    - Joint mobilizations, capsular stretching as needed
  - Initiate Active ROM (AROM)
    - Shoulder flexion in scapular plane
  - Initiate dynamic stabilization exercises
    - Rhythmic stabilization ER/IR at 45 degrees of abduction
    - Flexion/extension at 100 degrees of flexion
  - Initiate rotator cuff and scapular strengthening program
    - ER tubing
    - ER sidelying
    - Prone rows, horizontal abduction, extension, scaption
    - Elbow flexion/extension
    - Initiate IR isotonics at week 8-10

• **Weeks 10-14:**
  - Continue all exercises listed above
  - Continue AAROM, PROM, and stretching to progress to full ROM
  - Continue dynamic stabilization exercises
  - Progress strengthening program
    - Initiate lateral raises—patient must be able to elevate UE without shoulder or scapular hiking before initiating isotonics
    - Full can in scapular plane
    - Increased weight for biceps and IR
  - 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)**  
  **Date: __________________**  
  •  **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)**  
  **Date: __________________**  
  •  **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