



Name:		Patient Flow Sheet
Date of Surgery:		

Arthroscopic Rotator Cuff Repair
Small to Medium Tears
Benedict Figuerres, MD

- **Phase I—Immediate Post-Surgical Phase (Weeks 0-2)**

Date: _____

- 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
- 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 AAROM 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 isotonic 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 isotonic
 - 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