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Rehabilitation Protocol: Arthroscopic Rotator Cuff Repair

Name: _____ Date: _____

Diagnosis: _____ Site: **R** **L** Date of Surgery: _____

Frequency: _____ per week, for _____ weeks
 Distal Clavectomy Biceps Tenodesis

Small	Moderate	Large	Massive	RTC Tear
				# of Anchors _____

Immediate Post-Surgical Phase (Day 1-10)

- | | |
|---|--|
| Goals: 1) Maintain Integrity of Repair
2) Gradually Increase Passive ROM
3) Diminish Pain and Inflammation
4) Prevent Muscular Inhibition | Precautions: 1) No Lifting of Heavy Objects (>1 lb)
2) No Excessive Shoulder Extension
3) No Excessive Stretching or Sudden Movements
4) No Supporting of Body Weight by Hands |
|---|--|

- Sling \pm Abduction Pillow
 - Sling to be worn at all times including sleep for: 2 4 6 weeks
- Pendulum Exercises
- Active Assist ROM Exercises (L-Bar)
 - Flexion to Tolerance (Therapist Provides Assistance by Supporting Arm)
 - ER/IR in Scapular Plane
- Passive ROM
 - Flexion to Tolerance (Goal 105°)
 - ER / IR in Scapular Plane to 35-45°
- Elbow / Hand Gripping & ROM Exercises
- Scapular stabilization exercises
- Sub-maximal Pain Free Isometrics
 - Flexion/Abduction/ER/IR/Elbow Flexors
- Cryotherapy for Pain and Inflammation
 - Ice every 15-20 minutes every hours
- **MODALITIES: PRN**

- Distal Clavectomy: (If box checked follow attached rehabilitation modifications)
- Modalities to AC joint for swelling and to trapezius and deltoid for muscle spasm
 - Avoid resisted cross chest adduction strengthening exercises for first 4 weeks
 - No bench press or chest flies for first 8 weeks

- Biceps Tenodesis: (If box checked follow attached rehabilitation modifications)
- Avoid terminal elbow extension (10-20°) for first 2 weeks
 - No elbow hyperextension or stretching exercises for first 4 weeks
 - No resistive elbow flexion exercises, strengthening, or lifting > 2 lbs for first 6 weeks

Protection Phase (Day 11-Week 6)

- Goals:**
- 1) Slow Healing of Soft Tissue
 - 2) Do Not Overstress Healing Tissue
 - 3) Gradually Restore Full Passive ROM
 - 4) Re-establish Dynamic Shoulder Stability
 - 5) Decrease Pain and Inflammation

- Precutions:**
- 1) No Lifting of Heavy Objects
 - 2) No Excessive Behind the Back Movements
 - 3) No Sudden Jerking Motions
 - 4) No Supporting of Body Weight by Hands

- **Day 11-14**

- Passive ROM to Tolerance
 - Flexion 0-125°/145°
 - ER at 90° of abduction to at least 45°
 - IR at 90° of abduction to at least 45°
- Active Assisted ROM to Tolerance
 - Flexion
 - ER/IR in scapular plane
 - ER/IR at 90° of abduction
- Dynamic Stabilization Drills
 - Rhythmic Stabilization
 - ER/IR in scapular plane
 - Flexion/Extension at 100° of flexion
- Continue all Isometric Contractions
- May Discontinue Sling during 1st week if simple Rotator Cuff Debridement
 - Patients with Repairs will remain in sling for first 2 to 6 weeks
- Continue use of Cryocuff as needed

- **Weeks 3-4**

- Patient should exhibit full passive ROM
- Continue all exercises listed above
 - Initiate ER/IR strengthening using exercise tuning at 0° of abduction
 - Initiate Manual Resistance ER Supine in Scapular Plane
 - Initiate Prone Rowing to Neutral arm position
 - Initiate Isotonic Elbow Flexion
 - Continue use of ICB as needed
 - May use heat prior to ROM exercises
 - May use pool for light ROM exercises
- If RTC Repair → May Discontinue Sling when specified (2-6 weeks)

- **Weeks 5-6**

- May use heat prior to exercises
- Continue AAROM and Stretching exercises
 - Initiate Active ROM exercises
 - Shoulder Flexion Scapular Plane
 - Shoulder Abduction
 - Progress Isotonic Strengthening Exercise
 - ER Tubing
 - Side-lying IR
 - Prone Rowing/Horizontal Abduction
 - Biceps Curls

Intermediate Phase (Week 7-Week 14)

- Goals:** 1) Full Active ROM (Week 8-10)
2) Full Passive ROM
3) Dynamic Shoulder Stability
4) Gradual Restoration of Shoulder Strength and Power
5) Gradual Return to Functional Activities

- **Weeks 7-14**

- Continue Stretching & PROM (as needed to maintain full ROM)
- Continue Dynamic Stabilization Drills
- Progress Strengthening Program
 - ER/IR with Tubing
 - Side-lying Lateral Raises
 - Full Can in Scapular Plane
 - Prone Rowing / Horizontal Abduction / Extension
 - Elbow Extension / Flexion
- Patient must be able to elevate arm without shoulder or scapular hiking before initiating Isotonics → If unable, continue glenohumeral joint exercises
- May initiate light functional activities at Week 8-10 if tolerated

Advanced Strengthening Phase (Week 15-Week 24)

- Goals:** 1) Maintain full Non-Painful ROM
2) Enhance Function use of Upper Extremity
3) Muscular Strengthening and Power
4) Gradual Return to Functional Activities

- **Weeks 15-22**

- Continue ROM & Stretching to Maintain full ROM
- Self capsular Stretches
- Progress Shoulder strengthening exercises
 - Fundamental Shoulder Exercises
- Initiate Interval Golf Program (if applicable)
 - May Progress to Golf at 20 weeks if tolerated
- Initiate Interval Tennis Program (if applicable)
- May Initiate Swimming

- **Week 22-24**

- Continue Fundamental Shoulder Exercise Program (at least 4 times weekly)
- Continue Stretching if still with ROM deficit
- Continue Progression to Sport participation

Please send progress notes.

Physician's Signature: _____

Michael S. Day, MD

(I have medically prescribed the above treatments)