

Arthroscopic Rotator Cuff Repair Protocol:

This protocol provides the therapists with a general guideline for patients after this type of procedure. Each patient's surgery and postoperative progress may be different, and this protocol is not intended to substitute for one's clinical decision making based on exam findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Progression to the next phase is based on Clinical Criteria and/or Time Frames as Appropriate.

Weeks 1-4:

- Sling at all times (including night time) except showering, dressing, and elbow/wrist exercises
- Begin scapula musculature isometrics / sets; cervical ROM
- Patient education: posture, joint protection, positioning, hygiene, etc.
- Cryotherapy for pain and inflammation; around the clock in first two weeks. Later in rehab course: 2hrs/session and 2-3 sessions/day as needed for pain/inflammation.
- Start pendulums and Passive ROM exercises at start of week 3
 - Flexion
 - Abduction in the scapular plane
 - ER in scapular plane
 - IR in scapular plane
 - Continue Elbow, wrist, and finger AROM / resisted
- No active range of motion (AROM) of Shoulder
- No lifting of objects
- Aquatherapy for PROM is highly encouraged.

WEEK 5-6:

- Wean sling during week 5; discontinue use by beginning of 6th week at the latest
- Initiate active assisted range of motion (AAROM) flexion in supine position
- Progressive passive ROM until approximately full ROM at Week 4-5. This ROM should be PAIN FREE
- Gentle Scapular/glenohumeral joint mobilization as indicated to regain full passive ROM
- Continue previous exercises in Phase I as needed
- Initiate prone rowing to neutral arm position
- Continue cryotherapy as needed

WEEK 7-8:

- Continue AAROM and stretching exercises
- Begin rotator cuff isometrics
- Initiate active ROM exercises
- No lifting; no supporting of body weight by hands and arms
- No excessive behind the back movements; no sudden jerking motions

WEEK 9-12:

- Continue stretching and passive ROM (as needed)
- Full active ROM as tolerated

Lewis L. Shi, MD
University of Chicago Orthopaedics, Shoulder surgery
Postoperative therapy protocol

- Patient will be evaluated in clinic and told whether s/he needs to be more or less aggressive with stretching, depending on their progress
- No strengthening until 13th week, including Thera-bands.
- No heavy lifting of objects (no heavier than 5 lbs.)
- No sudden lifting or pushing activities
- No sudden jerking motions

WEEK 13-15:

- Initiate strengthening program at beginning of week 13
 - External rotation (ER)/Internal rotation (IR) with therabands/sport cord/tubing
 - ER Sidelying
 - Lateral Raises
 - Full Can in Scapular Plane (avoid empty can abduction exercises at all times)
 - Prone Rowing
 - Prone Horizontal Abduction
 - Prone Extension
 - Elbow Flexion
 - Elbow Extension
- Continue all exercise listed above
- Initiate light functional activities

WEEK 16-20:

- Continue ROM and self-capsular stretching for ROM maintenance
- Continue progression of strengthening
- Advance proprioceptive, neuromuscular activities