

Arthroscopic Rotator Cuff Repair Rehabilitation

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-4 PT 1x/week HEP daily	Edema and pain control Protect surgical repair Sling immobilization	Sling at all times including sleep Remove for hygiene & exercises	Codman & Pendulum Sidelying scapular stabilization Elbow, wrist, hand ROM Gripping exercises
Weeks 4-12 PT 2-3x/week HEP daily	Protect surgical repair Restore ROM Gradual return to light ADL's below 90° elevation Normal scapulohumeral rhythm below 90° elevation	Sling except shower & exercises DC sling at 6 weeks No ER >40° until 6 weeks No FF >120° until 6 weeks	Weeks 4-6: Joint mobilizations Scapular stabilization Deltoid, biceps, triceps isometrics PROM: FF plane scapula 120°, ER 20°
Weeks 12-20 PT 2-3x/week HEP daily	Full ROM Normalize scapulohumeral rhythm throughout ROM Restore strength 5/5	Avoid painful ADL's Avoid rotator cuff inflammation Avoid excessive passive stretching OK to begin running/cycling	A/AA/PROM no limits Continue scapular stabilization Advance scapulohumeral rhythm Endurance: upper body ergometer (UBE) Begin resistive strengthening for scapula, biceps, triceps, and rotator cuff
Weeks 20+ PT 1-2x/week HEP daily	Full ROM and strength Improve endurance Prevent re-injury	Avoid painful activities OK to cycle/run at 12 weeks No contact/racket/throwing sports Return to sport (MD directed)	Advance eccentric training Initiate plyometrics Advance endurance training Sport specific activities Throwing/racquet program ~5 months Contact sports 6 months

AMENDMENTS TO PROTOCOL FOR CONCOMITANT PROCEDURES

- DISTAL CLAVICLE EXCISION:** Weeks 0-8: no cross-body adduction, abduction >90°, or rotation in 90°.
- BICEPS TENODESIS:** Weeks 0-4: no active elbow flexion. → Weeks 4-8: begin biceps isometrics. → Weeks 8+: begin biceps resistance training.
- SUBSCAPULARIS REPAIR:** Weeks 0-4: no ER>0°, no active IR → Weeks 4-6 no ER>30°, FF>90°, or extension>20° → Weeks 6-12: begin active IR. → Weeks 12+: begin resisted IR.