

Small to Medium Arthroscopic Rotator Cuff Repair (1-3 cm tear) Post-Operative Rehabilitation Protocol

General Considerations: It is important to understand the exact surgical procedure, including the following:

- Size of tear, number of tendons involved, tissue quality
- Other procedures performed (biceps tenodesis, acromioplasty, etc..)

Major Objectives

1. Full PROM by 8 weeks post - op
2. No AROM of the shoulder over shoulder level prior to 8 weeks post op
3. No PREs until 6 weeks post - op
4. Issue Home Ranger Pulley to progress flexion in the plane of the scapula

Phase One- Protection Phase (0-4 weeks)

Goals: Decrease pain and inflammation

Protect the repair

Prevent/ Reduce glenohumeral stiffness

Treatment:

1. Sling/abduction pillow to be worn at all times (2 weeks) Per physician instruction
2. AROM of the cervical spine, elbow, and wrist
3. Grip and wrist strengthening
4. Pendulum Exercises
5. Seated table walk - outs
6. PROM of the surgical shoulder in supine position
 - a. Elevation in the scapular plane
 - b. ER with slight abduction
 - c. IR with slight abduction (week 2-3)

Continued

7. Pulley in plane of scapula
8. AAROM: supine cane bench/flex, side lying flexion w/ assist
9. AROM scapular exercises: Retractions and shrugs, scapular clocks
10. Isometrics: Submaximal, pain - free isometrics in planes of ER, IR, flexion, extension, and abduction. ER and IR performed with a towel roll between the arm and the trunk.
11. **Avoid** passive horizontal adduction and extension for the first 4 weeks

Phase II - Intermediate Phase (4-8 weeks post op)

Goals: Protect the Repair

Full PROM by 8 weeks post op

Improve the Strength of the rotator cuff and scapular muscles

Treatment:

1. Continue with above program
2. Work on ROM with emphasis on full PROM by 8 weeks
3. Continue with RTC isometrics
4. Begin UBE at low resistance (week 6)
5. Initiate PREs with resistance bands or weights for ER/IR and extension (6 weeks)
6. Scapular strengthening (Week 7)
 - Serratus Punches, prone rows and extension, prone horizontal abduction
7. AROM: pain free flexion beginning in supine and progression to semi-recumbent then seated/ standing based on appropriate glenohumeral rhythm
8. Side lying ER/ IR with dumbbell (week 7)

Phase Three - Strengthening Phase (8- 12 weeks)

Goals: Protect the repair

Restore full AROM by 12 weeks

Restore normal shoulder biomechanics

Initiate return to functional activities

Treatment:

1. Continue with above program
2. Continue PROM. Initiate static stretching if PROM is restricted
3. AROM in all directions
4. Manually resisted PNF patterns with rhythmic stabilization holds
5. Continue soft tissue mobilization and utilize more aggressive joint mobilizations if needed
6. Wall Push-Ups
7. Dynamic stabilization exercises: body blade

Phase Four - Advanced Strengthening (week 13-21)

Goals: Maintain full, non -painful AROM/PROM

Improve strength of the RTC and scapular muscles

Return to functional activities of work and sport. Avoid activities that produce pain.

Treatment

1. Continue with the above program
2. Progress proprioceptive exercises as tolerated: plyometric throwing exercises
3. Aggressive strengthening (isotonics
 - a. Shoulder flexion, abduction, ER, and IR
 - b. Supraspinatus
 - c. Scapular muscles
 - d. PNF patterns
 - e. Total arm strengthening
4. Active stretching