

## Small to Medium (1 – 3 cm) Arthroscopic Rotator Cuff Repair Post-Operative Rehabilitation Program

	<p><b><u>SUBSCAPULARIS INVOLVEMENT PRECAUTIONS:</u></b></p> <ol style="list-style-type: none"> <li>1. Limit Passive ER to 45° until 4 weeks post-op</li> <li>2. NO active/resisted IR until 6 weeks post-op</li> <li>3. Begin active ER early: 0 – 30° (at 30° of ABD)</li> </ol>
<p>Only follow if checked</p>	
	<p><b><u>BICEPS TENODESIS PRECAUTIONS:</u></b></p> <ol style="list-style-type: none"> <li>1. No Resisted elbow flexion for 8 weeks</li> <li>2. No Resisted shoulder flexion for 8 weeks</li> <li>3. No Lifting &gt;1 to 2 lbs. for 8 weeks</li> </ol>
<p>Only follow if checked</p>	

**\* IF CHECKED PRECAUTIONS IN BOX ABOVE SUPERCEDE PROTOCOL**

**MAJOR OBJECTIVES** for this rehabilitation are:

1. **130° passive flexion and 30° passive ER seated/standing by 6 weeks post-op.**
2. Full PROM by **8-10 weeks post-op**
3. Avoid Active Extension for **(8 weeks)**
4. **ADL BOX Immediately:** Patient can generally use arm to eat, read, wash face, brush teeth, etc. in front of body (anterior to plane of scapula) without pain.
5. No PRE's until **6 weeks post-op.**
6. Always stabilize the scapula when performing strength exercise.
7. Issue pulleys to progress flexion in plane of scapula

### Phase One – Protective Phase (0-4 weeks post-op)

**Goals:**

- Decrease pain and inflammation
- Protection of the repair
- Prevent/Decrease glenohumeral stiffness

**Treatment:**

1. Sling / abduction pillow to be worn at all times **(4-6 weeks based on tissue quality)**
  - a. Per physician instruction
2. Ice and Pain Modalities
3. AROM of cervical spine, elbow, wrist, and hand
4. Seated Table walk-outs (walk hand out and back on table)
5. Grip and wrist strengthening
6. Pendulum exercises (**start day 1**)
7. Passive Stretching in supine: **130° passive flexion and 30° passive ER seated/standing by 6 weeks post-op.**
  - a. Elevation in the scapular plane
  - b. ER with slight abduction in scapular plane
  - c. IR with slight abduction in scapular plane (**week 2 - 3**)
8. Pulleys – Shoulder Flexion (**week 1**)
9. AAROM exercises (use of cane for ER with towel under elbow)

10. AROM scapular exercises: retractions, shrugs
11. **Submaximal manual isometrics for ER, IR, flexion, extension, and abduction. ER and IR should be performed with a towel roll between the trunk and the arm (week 2)**

### **Phase Two – Intermediate Phase (4-8 weeks post-op)**

- Goals:**
- Protect the repair
  - Full PROM by 8-10 weeks**
  - Improve strength of the rotator cuff and periscapular muscles
  - Promote proper shoulder biomechanics

**Treatment:**

1. Continue with above program
2. Work on ROM with emphasis of **full PROM by 8-10 weeks**
3. Continue with RTC Isometrics
4. Begin UBE as tolerated at low resistance (**week 4**)
5. AROM: **NO RESTRICTIONS** (progress from supine to semi-recumbent “gatching”)
  - a. “gatching” is finding the critical point in their vertical angulation where they can still have some gravity resistance and work their forward elevation.
6. Perform AAROM supine flexion, ER, and IR (with use of a cane)
7. Standing wall slides
8. **PREs with theraband/weights for ER/IR and extension to neutral (week 6)**
9. PREs for scapular stabilizers/posterior shoulder girdle
  - (a) Active motions in therapy above 90° (**week 6**)
    1. Active IR (**week 8**)
10. PREs – (**week 7**)
  - Serratus punches, prone extension, prone rowing with emphasis on scapular adduction, prone horizontal abduction with arm in neutral
11. **\*Rhythmic stabilization of GH joint for ER/IR with arm supported in scap plane (week 6)**
12. Glenohumeral and scapulothoracic mobilizations as needed
13. Sidelying ER/IR with 1-2 lbs dumbbell (**week 7 to 8**)

### **Phase Three – Strengthening Phase (8-12 weeks)**

- Goals:**
- Protect the repair
  - Restore full PROM by 8-10 weeks
  - Restore full AROM by 12-14 weeks
  - Normal shoulder biomechanics
  - Initiate return to functional activities

**Treatment:**

1. Continue with above program
2. Continue PROM/Static stretching for limited motions
3. AROM in all directions → watch for substitutions
4. Progress theraband/PRE program for all exercises as tolerated:

- Supine or Prone ER with the arm abducted to 90° and the elbow flexed to 90°  
Begin with the arm supported on the table, progress to unsupported position
- 5. Manually resisted PNF patterns (progress from isometric→manual resist→theraband)
- 6. Continue soft tissue mobilizations and increase aggressiveness of joint mobilizations
- 7. Wall push-ups
- 8. Initiate proprioceptive exercises
- 9. Dynamic stability exercises (bodyblade). Begin in the scapular plane and progress to more provocative positions as tolerated.

### **Phase Four – Advanced Strengthening (13-21 weeks)**

**Goals:** Maintain full, non-painful AROM/PROM  
Improve strength of RTC and periscapular muscles  
Return to functional activities per guidelines set based on tear size and demands of work or sport. Avoid pain-producing activities.

**Treatment:**

1. Continue with the above program
2. Progress proprioception exercises as tolerated
  - a. Plyometric throwing exercises as needed
3. Aggressive strengthening (Isotonics)
  - a. Shoulder flexion, Abduction, ER, IR
  - b. Supraspinatus
  - c. Scapular muscles
  - d. PNF patterns
4. Active Stretching

### **Phase Five – Return to Activity (21 weeks and beyond)**

**Goals:**  
Gradual return to recreational and sport activities  
Continue scheduled follow-ups with the surgeon and physical therapist as needed  
**Return to full activity at 4 months**

**Treatment:**

1. Continue with above exercises
2. Progress all strengthening and proprioceptive exercises
3. Make exercises sport specific
4. Determine plan for carrying through with independent home or gym exercise program
5. Common Questions with Return to Golf
  - Return to putting: 8 weeks
  - Return to Chipping and ½ swing pitches: 10-12 weeks
  - No full swings until 4 months
  - The gradually progress to playing 9 holes by 5 months post op