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Arthroscopic Rotator Cuff Repair Protocol For Partial-Thickness Tear and Small Full-Thickness Tears

This protocol was developed to provide the rehabilitation professional with a guideline of postoperative rehabilitation course for a patient who has undergone an arthroscopic rotator cuff repair of a *partial-thickness* or a *small full-thickness* rotator cuff tear. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, individual progress and the presence of any postoperative complications. The rate limiting factor in arthroscopic rotator cuff repair is the biologic healing of the cuff tendon to the humerus, which is thought to be a minimum of 8-12 weeks. Progression of AROM against gravity and duration of sling use is predicated both on the size of tear and quality of tissue and should be guided by referring physician. Refer to initial therapy referral for any specific instructions.

Phase I: Immediate Post Surgical Phase (Weeks 0-4)

Goals

- Maintain/protect integrity of repair
- Gradually increase PROM
- Diminish pain and inflammation
- Prevent muscular inhibition
- Independence in modified ADLs

Precautions

- No active range of motion (AROM) of shoulder
- No lifting of objects, reaching behind back, excessive stretching or sudden movements
- Maintain arm in brace, sling – remove only for exercise
- Sling use for 4-5 weeks – repaired partial to small tear size
- No support of body weight by hands
- Keep incisions clean and dry

Day 1 to 6

- Use of Abduction brace/sling (during sleep also) – remove only for exercise
- Passive pendulum exercises (3x/day minimum)
- Finger, wrist, and elbow AROM (3x/day minimum)
- Gripping exercises (putty, handball)
- Cervical spine AROM
- Passive shoulder (PROM) done supine for more patient relaxation
- Flexion to 110°
- ER/IR in scapular plane < 30°

Educate patient on posture, joint protection, importance of brace/sling, pain medication use early, hygiene

Cryotherapy for pain and inflammation

Day 1-3: as much as possible (20 min/hour)

Day 4-7: post activity, or as needed for pain

Days 7-35

Continue use of abduction brace until DC from physician.

Continue with full time use of sling until end of week 4.

Pendulum exercises

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Begin PROM to tolerance (supine, and pain-free)

May use heat prior to ROM

Flexion to tolerance

ER in scapular plane $\geq 30^\circ$

IR in scapular plane to body/chest

Gentle scapular plane abduction: begin $0-30^\circ$ and progress to $0-90^\circ$ by end of week 4.

Continue elbow, hand, forearm, wrist and finger AROM

Begin resisted isometrics/isotonics for elbow, hand, forearm, wrist and fingers

Begin scapula muscle isometrics/sets, AROM

Begin glenohumeral submaximal rhythmic stabilization exercises in "balance position ($90-100^\circ$ of elevation) in supine position to initiate dynamic stabilization

Begin gentle rotator cuff submaximal isometrics (4-5 weeks)

Cryotherapy as needed for pain control and inflammation

May begin gentle general conditioning program (walking, stationary bike) with caution if unstable from

pain medications.

No running/jogging

No passive pulley exercise

Aquatherapy may begin approximately 3 weeks post operative if wounds healed

Criteria for progression to next phase (II)

Passive forward flexion to $\geq 125^\circ$

Passive ER in scapular plane to $\geq 60^\circ$ (if uninvolved shoulder PROM $> 80^\circ$)

Passive IR in scapular plane to $\geq 60^\circ$ (if uninvolved shoulder PROM $> 80^\circ$)

Passive abduction in scapular plane to $\geq 90^\circ$

Phase II: Protection and Protected Active Motion Phase (Weeks 5 to 12)

Goals

Allow healing of soft tissue

Do not overstress healing soft tissue

Gradually restore full passive ROM (~ week 5)

Decrease pain and inflammation

Precautions

No lifting

No supported full body weight with hands or arms

No sudden jerking motions

No excessive behind back motions

No bike or upper extremity ergometer until week 6

Weeks 5-6

Continue with full time use of sling/brace until end of week 4
Gradually wean from brace starting several hours/day out progressing as tolerated
Use brace/sling for comfort only until full DC by end of week 6
Initiate AAROM shoulder flexion from supine position
Progressive PROM until full PROM by week 6 (should be pain-free)
May require use of heat prior to ROM exercises/joint mobilization
Can begin passive pulley use
May require gentle glenohumeral or scapular joint mobilization as indicated to obtain full unrestricted ROM
Initiate prone rowing to a neutral arm position
Continue cryotherapy as needed post therapy/exercise

Weeks 7-9

Continue AROM, AAROM, and stretching as needed
Begin IR stretching, shoulder extension, and cross body, sleeper stretch to mobilize posterior capsule (if needed)
Continue periscapular exercises progressing to manual resistance to all planes
Seated press-ups
Initiate AROM exercises (flexion, scapular plane, abduction, ER, IR) (should be pain-free) low weight – initially only weight of arm
Do not allow shrug during AROM exercises
If shrug exists continue to work on cuff and do not reach/lift AROM over 90° elevation
Initiate limited strengthening program
*Remember RTC and scapular muscles small and need endurance more than pure strength
ER and IR with exercise bands/sport cord/tubing with adduction pillow (under axilla)
ER isotonic exercises in side lying (low-weight, high-repetition)
Elbow flexion and extension isotonics

Criteria for progression to phase III

Full AROM

Phase III: Early Strengthening (Weeks 10-16)

Goals

Full AROM (weeks 10-12)
Maintain full PROM
Dynamic shoulder stability (GH and ST)
Gradual restoration of GH and scapular strength, power and endurance
Optimize neuromuscular control
Gradual return to functional activities

Precautions

No lifting objects > 5 lbs, no sudden lifting or pushing
Exercise should not be painful

Week 10

Continue stretching, joint mobilization, and PROM exercises as needed
Dynamic strengthening exercises

Begin light isometrics in 90/90 or higher supine, PNF D2 flexion/extension patterns against light manual resistance

Initiate strengthening program

Continue exercises as above weeks 7-9

Initiate scapular plane elevation to 90° (patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic exercises. If unable then continue cuff/scapular exercises)

Full can (no empty can abduction exercises)

Prone rowing

Prone extension

Prone horizontal abduction

Week 12

Continue all exercise listed above

May begin BodyBlade, Flexbar, Boing below 45°

Initiate light functional activities as tolerated

Initiate low level plyometrics (2-handed, below chest level – progressing to overhead and finally 1-handed drills)

Week 14

Continue all exercises listed above

Progress to fundamental exercises (bench press, shoulder press)

Criteria for progression to Phase IV

Ability to tolerate progression to low-level functional activities

Demonstrate return of strength/dynamic shoulder stability

Reestablishment of dynamic shoulder stability

Demonstrated adequate strength and dynamic stability for progression to more demanding work and sportspecific

Activities

Phase IV: Advanced Strengthening Phases (Weeks 16-22)

Goals

Maintain full non-painful AROM

Advanced conditioning exercise for enhanced functional and sports specific use

Improve muscular strength, power and endurance

Gradual return to all functional activities

Week 16

Continue ROM and self-capsular stretching for ROM maintenance

Continue progressive strengthening

Advanced proprioceptive, neuromuscular activities

Light isotonic strengthening in 90/90 position

Initiation of light sports (golf chipping/putting, tennis ground strokes) if satisfactory clinical exam

Week 20

Continue strengthening and stretching

Continue joint mobilization and stretching if motion is tight

Initiate interval sports program (e.g., golf, doubles tennis) if appropriate