Arthroscopic Rotator Cuff Repair Protocol  
Medium to Large Tear Size

This protocol was developed to provide the rehabilitation professional with a guideline of postoperative rehabilitation course for a patient who has undergone an arthroscopic *medium to large size* rotator cuff tear repair. 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 0-6)**

**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 6 weeks – medium to large 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 7-42
Continue use of abduction sling/brace until the end of week 6.
Pendulum exercises
Begin PROM to tolerance (supine, and pain-free)
May use heat prior to ROM
Flexion to tolerance
ER in scapular plane >/= 30°
IR in scapular plane to body/chest
Gentle scapular plane abduction: begin 0-30° and progress to 0-90° by end of week 7.
Continue elbow, hand, forearm, wrist and finger AROM
Begin resisted isometrics/isotonic for elbow, hand, forearm, wrist and fingers
Begin scapula muscle isometrics/sets, AROM
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 6 weeks post operative if wounds healed

Criteria for progression to next phase (II)
Passive forward flexion to >/= 125°
Passive ER in scapular plane to >/= 60° (if uninvolved shoulder PROM > 80°)
Passive IR in scapular plane to >/= 60° (if uninvolved shoulder PROM > 80°)
Passive abduction in scapular plane to >/= 90°

Phase II: Protection and Protected Active Motion Phase (Weeks 7 to 12)
Goals
Allow healing of soft tissue
Do not overstress healing soft tissue
Gradually restore full passive ROM (~ week 8)
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 8

Weeks 7-9
Continue with full time use of sling/brace until end of week 6
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 7
Initiate AAROM shoulder flexion from supine position week 6-7
Progressive PROM until full PROM by week 8 (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 9-12**
Continue AROM, AAROM, and stretching as needed
Begin IR stretching, shoulder extension, and cross body, sleeper stretch to mobilize posterior capsule (if needed)
Begin gentle rotator cuff submaximal isometrics (7-8 weeks)
Begin glenohumeral submaximal rhythmic stabilization exercises in “balance position (90-100° of elevation) in supine position to initiate dynamic stabilization
Continue periscapular exercises progressing to manual resistance to all planes
Seat 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
ER isotonic exercises in side lying (low-weight, high-repetition) may simply start with weight of arm
Elbow flexion and extension isotonics

**Criteria for progression to Phase III**
Full AROM

**Phase III: Early Strengthening (Weeks 12-18)**
**Goals**
**Full AROM (weeks 12-14)**
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 12**
Continue stretching, joint mobilization, and PROM exercises as needed
Dynamic strengthening exercises
Initiate strengthening program
Continue exercises as above weeks 7-12
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 14
Continue all exercise listed above
May begin BodyBlade, Flexbar, Boing below 45°
Begin light isometrics in 90/90 or higher supine, PNF D2 flexion/extension patterns against light manual resistance
Initiate light functional activities as tolerated

Week 16
Continue all exercises listed above
Progress to fundamental exercises (bench press, shoulder press)
Initiate low level plyometrics (2-handed, below chest level – progressing to overhead and finally 1-handed drills)

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 18-24)
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 18
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 24
Continue strengthening and stretching
Continue joint mobilization and stretching if motion is tight
Initiate interval sports program (eg, golf, doubles tennis) if appropriate