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**ARTHROSCOPIC ROTATOR CUFF REPAIR**  
**Rehabilitation Protocol**

**GENERAL CONSIDERATIONS**

- This protocol is a guideline only; actual progression will be based on clinical presentation
- Early passive range of motion of the glenohumeral joint to prevent capsular adhesions is essential
- This early ROM is done in a manner that shortens the involved muscle: i.e., for supraspinatus avoid adduction past midline and external rotation
- DO NOT lift any objects over 5 pounds with the surgical arm for the first 6 weeks
- AVOID EXCESSIVE reaching and external/internal rotation for the first 6 weeks
- Ice shoulder 3-5 times (15 minutes each time) per day to control swelling and inflammation
- An arm sling is used for 4 weeks post-op. Sling wear during sleep is optional depending on comfort
- Sling wear is strict for first 2 weeks and then weeks 3 and 4, sling should be worn when in public place or for comfort.
- Maintain good upright shoulder girdle posture at all times--especially during sling use
- M.D. follow-up visits at Day 7-14 days, then 6 weeks and 12 weeks post op
  
- **Goal:** Maintain shoulder range of motion (ROM) while protecting repair of rotator cuff (RC).
- The rehab protocol may be modified, depending on the characteristics of the surgical repair:

**Supraspinatus**       **Subscapularis**       **Infraspinatus**

**Immediate Post-op Care –Protective Phase (week 1 -2)**

- Active elbow, wrist and digit ROM – use putty.
- Pendulum exercises.
- Supine active assisted forward elevation (FE) to pain tolerance < 90°. Avoid active abduction for 6 weeks.

- Once patient understands the difference between active and passive motion, the patient should start passive FE with pulleys, and given instructions for home pulley system.
- Active assisted ER with elbow at side to limit set by surgeon. If not specified, ER limited to 20 degrees.
- Use modalities to control pain and swelling (i.e. ice, HVGS, modalities).
- Home exercise program should be established so patient performs exercises 3-5 times per day.

### **Phase I – Initial Physical Therapy (weeks 2-6)**

- Wean out of sling after week two. Sling must be worn for six weeks if retracted cuff tear
- Add active assisted IR behind back and shoulder extension (Wand, T-bar exercises, etc.).
- Mobilizations (Grade I or II) -- for pain control.
- Modalities as needed for pain and swelling.
- Forward flexion usually around week four

### **Phase II – Intermediate phase (6 to 15 weeks)**

- Add isometric IR, ER, and FE exercises.
- Add active assisted ABD. Below 90 degrees.

### **Phase III – Advanced Strengthening (15 to 20 weeks)**

- Full ROM.
- Progressive Resistance Exercises. Start light, progress as tolerated.
- UBE 90°/sec-120°/sec for endurance.
- Wall pushups, press-ups.
- Total Gym – rows, presses, pullovers.
- Rockwood exercises – flex, abd, ext, add, IR, ER, rows, presses.
  - Can use dumbbells or theratubing for Rockwood exercises.

### **Phase IV – Sports Specific Exercises (After 20 weeks)**

- Work on focal deficits.
- Establish a home program.
- Improvement continues for 12 months post op.