

Arthroscopic Rotator Cuff Repair Postoperative Rehabilitation Protocol

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This protocol is meant to provide the patient and/or clinician with a guide to postoperative rehabilitation after an arthroscopic rotator cuff repair. For patients, it is not intended as a substitute for personal guidance or evaluation by your surgeon. For other clinicians, it is not intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of postoperative complications. If a clinician requires assistance in the progression of a postoperative patient they should consult with Dr. Nelson.

Phase I – Immediate Post Surgical Phase (Weeks 1-4)

- Goals
 - Maintain integrity of repair
 - Diminish pain, inflammation, and swelling
 - Prevent muscular inhibition and splinting
 - Independence with ADLs with modifications while maintaining the integrity of the repair.
- Precautions
 - No active range of motion (AROM) of Shoulder
 - Maintain arm in sling at all times except bathing, dressing, and allowed exercises
 - No lifting of objects
 - No shoulder motion behind back
 - No excessive stretching or sudden movements
 - No supporting of body weight with operative arm
 - Keep incisions clean
 - No repetitive, high frequency motions, including passive (e.g. hand-bike)
- DAY 1 TO 6
 - Sling with abduction pillow
 - Sleep in sling, head of bed elevated or in recliner
 - Begin 5x daily cervical range of motion on postoperative day 1
 - Begin 5x daily elbow range of motion and frequent power grips on postoperative day 1
 - Begin 5x daily scapular shrugs & squeezes on postoperative day 3
 - Begin 5x daily **Phase I Gliding Exercises** on postoperative day 3
 - Video available at www.YouTube.com/@RaleighUpperExMD
 - Cryotherapy for pain and inflammation
 - Day 1-5: as much as possible
 - After day 5: post activity, or for pain
- DAY 7 TO 28:
 - Continue sling with abduction pillow
 - May transition to sleeping fully supine, but must sleep with sling in place or with bolster under elbow to prevent passive shoulder extension
 - OK to begin pendulum exercises 21 days after surgery(no pendulums before this time)

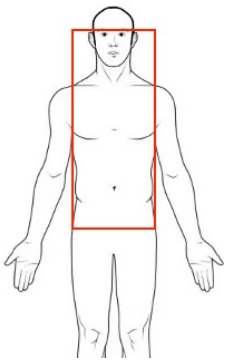
- Continue Phase I Gliding Exercises

Phase II – Protection Phase (Week 4-10)

- Goals
 - Facilitate continued soft tissue healing
 - Maintain integrity of repair
 - Gradually restore full passive ROM without overstressing healing tissue
 - Decrease pain and inflammation
- Precautions
 - No lifting
 - No supporting of body weight by hands and arms
 - No excessive behind the back movements
 - No sudden jerking motions
 - No ER past 90 degrees, No IR past torso, no active FE past 90 degrees
 - **No high frequency or alternating cyclic motion, even if passive (e.g. hand-bikes) until 5-6 months postoperative!**

- WEEK 4-5

- Continue use of sling full time until end of week 4
 - At 4 weeks, OK to come out of sling while at HOME for gentle, waist level activities
 - Computer use
 - Writing
 - Eating & Drinking (“hand to mouth”)
 - Hygiene & Dressing
 - No behind-the-back movements
 - Instruct patient on “catcher’s box” concept (see diagram at left): not permitted to use hands outside rectangular space between beltline, face/mouth
 - Continue sling use when out of house
- Continue Phase I Gliding exercises to tolerance, encouraging supine position and higher degrees of flexion (past 90)
- Initiate progressive passive ROM until with goal at full passive ROM at 6 weeks
 - This ROM should be gentle & PAIN FREE
 - Gentle Scapular/glenohumeral joint mobilization as indicated to regain full passive ROM
- Continue cryotherapy as needed after therapy
- May use heat prior to ROM exercises
- May use pool (aquatherapy) for light ROM exercises but must remain passive



- WEEK 6-8

- Discontinue sling completely at 6 weeks
 - Continue to observe all restrictions listed above for phase II
- **Begin Phase II Motion Exercises**
 - Video at www.Youtube.com/@RaleighUpperExMD
 - This is a supine exercise, stabilizes scapulothoracic joint, eliminates gravity at 90 degrees, engages pecs/lats/deltoid/traps, encourages and re-trains normal glenohumeral rhythm without scapular substitution or trapezial over-activation
 - May begin active-assisted and progress to active as tolerated
 - Encourage frequent (5x daily) home performance
- Initiate gentle rotator cuff isometric exercises
- Initiate active ROM exercises in upright position once Phase II Motion exercises exhibit appropriate strength and rhythm
 - Shoulder flexion scapular plane

- Shoulder abduction

Phase III – Intermediate phase (week 10-14)

- Goals
 - Full AROM
 - Maintain Full PROM
 - Dynamic Shoulder Stability
 - Gradual restoration of shoulder strength, power, and endurance
 - Optimize neuromuscular control
 - Gradual return to functional activities
- Precautions
 - No heavy lifting
 - Nothing heavier than 5 lbs
 - Encourage “close to home” position (i.e., elbow flexed) for all lifting, regardless of weight
 - No sudden/explosive lifting or pushing activities
 - No sudden jerking motions
 - **No high frequency or alternating cyclic motion, even if passive (e.g. hand-bikes) until 5-6 months postoperative!**
- WEEK 10
 - Continue stretching and passive ROM (as needed)
 - Dynamic stabilization exercises
 - Initiate strengthening program, smooth controlled motion, low repetition
 - External rotation (ER)/Internal rotation (IR) with therabands/sport cord/tubing
 - ER Sidelying
 - Lateral Raises
 - Full Can in Scapular Plane
 - Avoid empty can abduction exercises at all times
 - Prone Rowing
 - Prone Horizontal Abduction
 - Prone Extension
 - Elbow Flexion & Extension
 - Patient must be able to elevate arm **without** shoulder or scapular hiking before initiating isotonic; if unable, continue glenohumeral joint exercises
- WEEK 12
 - Continue all exercise listed above
 - May gradually initiate higher-demand patient-specific functional activities
- WEEK 14
 - Continue all exercise listed above
 - Progress to fundamental shoulder exercises
 - **No high frequency or alternating cyclic motion, even if passive (e.g. hand-bikes) until 5-6 months postoperative!**

Phase IV – Advanced strengthening phase (week 16-22)

- Goals
 - Maintain full non-painful active ROM
 - Advanced conditioning exercises for enhanced functional use of UE
 - Continue to improve muscular strength, power, and endurance
 - Return to full functional activities
- WEEK 16
 - Continue ROM and self-capsular stretching for ROM maintenance

- Continue progression of strengthening
- Advanced proprioceptive, neuromuscular activities
- WEEK 20
 - Continue all exercises listed above
 - Continue to perform ROM stretching, if motion is not complete
 - Higher frequency or alternating cyclic motion (e.g. hand-bike) OK

Phase V – Return to activity phase (week 20-26)

- Goals
 - Gradual return to strenuous work activities
 - Gradual return to recreational activities
 - Gradual return to sport activities

To obtain further copies of this protocol, please visit www.RaleighUpperEx.com