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## ARTHROSCOPIC ROTATOR CUFF REPAIR REHABILITATION PROTOCOL

	RANGE OF MOTION	IMMOBILIZER	EXERCISES
PHASE I 0-4 weeks	<b>0-2 weeks</b> : None <b>2-4 weeks</b> : begin PROM Limit 90° flexion, 45° ER, 20° extension, 45° abduction, 45° ABER	<b>0-2 weeks</b> : Immobilized at all times day and night Off for hygiene and gentle home	<ul> <li>0-2 weeks: Elbow/wrist ROM, grip strengthening and pendulums at home only</li> <li>2-4 weeks: Begin PROM to ER to 45°</li> <li>Codman's, posterior capsule</li> </ul>
		exercise according to instruction sheets <b>2-4 weeks</b> : Worn daytime only	mobilizations; avoid stretch of anterior capsule and extension Closed chain scapula
PHASE II 4-12 weeks*	Begin active/active- assisted ROM Advance to 140° FE, 135° abduction, 90° ABER, 45° ABIR	None	Continue Phase I work; begin active- assisted exercises, deltoid/rotator cuff isometrics at 8 weeks Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff**
PHASE III 12-16 weeks	Gradual return to full AROM	None	Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization Begin muscle endurance activities (upper body ergometer) Cycling/running as tolerated at 12 weeks
PHASE IV 4- 6 months***	Full and pain-free	None	Aggressive scapular stabilization and eccentric strengthening; scapular perturbation Begin plyometric and throwing/racquet program, continue with endurance activities Maintain ROM and flexibility
PHASE V 6-8 months	Full and pain-free	None	Progress Phase IV activities, return to full activity as tolerated

\*If a distal clavicle excision is performed, horizontal adduction is restricted for 8 weeks post-op

\*\*If a biceps tenodesis is performed, avoid active flexion of biceps and eccentric loads on biceps for 6 weeks post-op \*\*\*Limited return to sports activities during Phase IV if cleared by surgeon