



Kevin B. Freedman, M.D.

Sports Medicine
 825 Old Lancaster Rd, Suite 200
 Bryn Mawr, PA 19010-3470
 Phone: (800) 321-9999
 Fax: (267) 479-1321

ARTHROSCOPIC ROTATOR CUFF REPAIR REHABILITATION PROTOCOL

*Small to Medium Tears

RANGE OF MOTION	IMMOBILIZER	THERAPEUTIC EXERCISE***
PHASE I 0 - 4 weeks	Passive range only - to tolerance - maintain elbow at or anterior to mid-axillary line while supine - limit internal rotation at 90 ° to 40° and behind back to T12	Sling with supporting abduction pillow to be worn at all times except for hygiene and therapeutic exercise Codman's, elbow/wrist/hand ROM, grip strengthening, isometric scapular stabilization
PHASE II 4 - 8 weeks	4-6 weeks: Gentle passive stretch to 160 ° of forward flexion, 60 ° external rotation at side, and abduction to 60-80° - increase internal rotation gently at 90 ° to 60 ° and behind back to T7-T8 6-8 weeks: increase ROM to tolerance	None 4-6 weeks: begin gentle active assistive/active exercises, begin gentle joint mobilizations (grades I and II), continue with phase I exercises 6-8 weeks: begin active exercises begin deltoid and biceps* strengthening
PHASE III 8 - 12 weeks	Progress to full motion without discomfort	None Continue with scapular strengthening, progress exercises in phase II, begin internal/external rotation isometrics, stretch posterior capsule when arm is warmed-up
PHASE IV 12 weeks - 5 months	Full without discomfort	None Advance exercises in phase III, begin sport-specific activities, maintain flexibility, increase velocity of motion, return to sports activities**

*If biceps tenodesis is concomitantly performed, **NO** biceps strengthening until 6 weeks post-operative

**If approved by physician

*** For larger tears, active exercise will not be allowed for 6 weeks

NOTE: For mini-open or open repairs, same protocol is followed