

# Arthroscopic Rotator Cuff Repair Small to Medium Tears Postoperative Protocol

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**Patient Name:**

**Date of Surgery:**

Formal physical therapy will usually start 4-5 weeks following surgery.

In general, patients are instructed that the first month is to allow healing, the second month is for stretching and the third/fourth months are for strengthening.

## **Phase I - Immediate postsurgical phase - Weeks 0-2**

### **Goals:**

- Maintain/protect integrity of the repair
- Gradually increase Passive ROM (PROM)
- Control and reduce pain and inflammation
- Prevent muscular inhibition

### **Precautions:**

- Maintain arm in sling, remove only for exercises and bathing
- Wear sling at night for sleeping
- May lift small items (phone, book, plate...) with arm in sling
- No excessive shoulder extension or motion behind back
- No excessive stretching or sudden movements
- No supporting of body weight by hands
- Keep incision clean and dry

### **Days 1-14:**

- Wear sling during day and night
- Elbow, wrist ROM, and hand gripping exercises
- Pendulums - the arm should dangle and the muscles must be completely relaxed. Move the arm by rocking the body forward/back, side to side, or in a circle; NOT by moving the arm.
- Cryotherapy and E-stim PRN for pain and inflammation

## **Phase II - Protection phase - Weeks 2-6**

### **Goals:**

Allow healing of soft tissue  
Do not overstress repair  
Gradually restore full PROM (week 4-5)  
Decrease pain and inflammation

### **Precautions:**

May lift small items (phone, book, plate...) with arm in sling  
No excessive shoulder extension or behind the back movements  
No sudden jerking movements  
BICEPSTENODESIS: no resisted elbow flexion/forearm supination for 6 weeks  
No supporting of body weight by hands

### **Weeks 2-4:**

Start physical therapy  
Continue use of sling, D/C abduction pillow as pain allows at week 3  
Passive ROM (PROM)  
Flexion to at least 145°  
ER in scapular plane to 20°-25°, progressing to ER at 90° of abduction to at least 45°  
IR in scapular plane to 30°-35°, progressing to IR at 90° of abduction to at least 45°  
Active assistive ROM (AAROM) exercise (Lbar or cane)  
ER/IR in scapular plane, progressing to 90° of abduction  
Flexion to tolerance (therapist provides assistance by supporting UE, especially with lowering)  
Continue elbow, wrist ROM and hand gripping exercises  
Pendulums  
Initiate isometrics of non-involved tendons (submaximal and painfree)  
Flexion with elbow flexed to 90°  
Extension with elbow flexed to 90°  
Abduction with elbow flexed to 90°  
External rotation at neutral  
Internal rotation at neutral  
Initiate dynamic stabilization exercises  
Rhythmic stabilization ER/IR at 45° of abduction  
Flexion/extension at 100° of flexion  
Continue cryotherapy and E-stim PRN for pain and inflammation

### **Weeks 4-5:**

Patient should exhibit full PROM by week 4-5  
Continue all exercises listed above  
Initiate manual resistance ER in scapular plane (supine)  
Initiate prone rows and extension  
Initiate isotonic elbow flexion (if no biceps tenodesis)  
Initiate scapular stabilization exercises (serratus punches, scap squeezes, wall serratus push, seated push up)  
Continue cryotherapy and E-stim PRN  
May use heat prior to ROM exercises

**Weeks 5-6:**

Continue AAROM and stretching exercise, especially for motions that are not full

- Shoulder flexion

- ER at 90° of abduction

Initiate Active ROM (AROM)

- Shoulder flexion in scapular plane

- Shoulder abduction

Initiate ER/IR with tubing (use towel roll)

Initiate prone horizontal abduction at 90° with palm down, gradually progressing to 120° with thumb up

**Phase III - Intermediate phase - Weeks 6-14**

**Goals:**

Full AROM (weeks 8-10)

Maintain full PROM

Gradually restore shoulder strength

Gradual return to functional activities

**Weeks 6-10:**

Continue AAROM, PROM and stretching (as needed to maintain full ROM)

Continue dynamic stabilization exercises

Progress rotator cuff and scapular strengthening program

- ER/IR tubing

- ER sidelying

- Lateral raises - patient must be able to elevate UE without shoulder or scapular hiking before initiating isotonic

- Full can in scapular plane

- Prone rows, horizontal abduction, extension, scaption

- Elbow flexion/extension

If physician permits, may initiate light functional activities at week 8

**Weeks 10-14:**

Continue all exercises listed above

Progress strengthening program

Therapist may initiate isotonic resistance (1 lb) during flexion and abduction

- \*\* If non-painful normal motion is exhibited

- Progress strengthening program (1 lb/10 days non-painful)

**Phase IV - Advanced strengthening phase - Weeks 14-22**

**Goals:**

Maintain full non-painful ROM

Increase muscular strength and power

Gradual return to functional activities

**Weeks 14-22:**

Continue ROM and stretching to maintain full ROM  
Self-capsular stretching  
Progress shoulder strengthening exercises  
Initiate interval golf program (if appropriate) - week 15  
Initiate interval tennis program (if appropriate) - week 20  
May initiate swimming

**Phase V - Return to activity phase - Weeks 23-36****Goals:**

Gradual return to higher level work activities  
Gradual return to recreational sport activities

**Weeks 23-36:**

Continue shoulder strengthening exercises (at least 4 times weekly)  
Continue stretching, if motion is restricted  
Continue progression to sport participation