**Arthroscopic Rotator Cuff Repair**

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This protocol was developed for patients who have had an arthroscopic repair of a rotator cuff tear. The goal of this protocol is to advance range of motion and strength as directed while protecting the repair to ensure optimal healing.

Patients will begin physical therapy after their first post operative visit with the physician. The dressing will have been removed and patients will have been performing pendulums, elbow ROM and gripping with the arm resting in the neutral position as part of their home program.

Primary goals in the early weeks are to stress compliance with their home exercise program, reinforce restrictions, and prevent stiffness and compensation by hiking the shoulder. If ROM begins to progress easily, you may slow progression to protect the repair. If a biceps tenodesis is performed in addition, patients may perform light active biceps ROM, but resisted curls should be avoided for 4 months.

The size of the rotator cuff tear is an important factor. Larger tears have a lower healing rate and thus are protected more in the early post-operative period. Symptoms of failed repair can include pain, weakness and loss of function.

Unless otherwise indicated in the referral, the sling should be worn at all times except to perform home exercises five times a day. The sling should be worn for 6 weeks.

Stretching exercises to regain motion are performed in sets of 5 repetitions, 5 times per day. The exercises are to be initiated at the first therapy visit. All exercises are intended for home rehabilitation.

**Weeks 1-6:**

- Pendulum circumduction exercises (no weights)

-Passive self- assisted (patient performs exercises) supine external rotation, supine forward elevation, horizontal adduction and standing internal rotation

-For patients who guard, they may use a table to perform forward elevation stretches

-Begin postural exercises with isometric serratus anterior, rhomboid and trapezius contraction

-Neck range of motion to prevent cervical spine soreness

 -Each stretch should be done for 5 repetitions, holding each stretch for 10 seconds.

 -Goal is to regain full PROM by 8 weeks post op

**Weeks 6-12:**

-May discharge the sling and begin light active use

-Pulleys for assisted elevation to begin gentle strengthening and elevation patterning

-Continue passive self assisted range of motion stretching exercises

-Active range of motion exercises

-Begin active elevation in the supine position to minimize gravity affect

-Scapula stabilization, none in a weight bearing position at this time

**Week 8:**

-Isometric: deltoid, internal rotation, external rotation

**Weeks 12:**

**-**Theraband strengthening

-Continue passive self assisted stretching to achieve full range of motion

**Range of Motion Goals Week 12 should be at least ….**

|  |  |
| --- | --- |
|  | Wk 12 |
| Active forward elevation | 140° |
| Active external rotation | 40° |
| Passive internal rotation | T12 |

**Notes:**

No UBE exercises

No abduction stretching or strengthening. Elevation motion and strengthening is to be performed in the scapular plane.

If stiffness develops, strengthening is to be delayed and stretching emphasized.

Heat can be used after 2 weeks post-op to warm up prior to stretching.

Ice is used for pain control and after stretching.