



Shoulder Arthroscopy with Rotator Cuff Repair Rehabilitation Protocol

General Notes:

As tolerated should be understood to include with safety for the surgical procedure; a sudden increase in pain, swelling, or other undesirable factors are indicators that you are doing too much too soon. If any of these occur, decrease activity level and ice.

During rehabilitation if there are any neurovascular findings please call the office.

Ice should be applied to the shoulder for 15-20 minutes following each exercise, therapy, or training session. Return to sport is based on provider team (physician, physician assistant, athletic trainer, therapist) input and appropriate testing.

All times and exercises are to serve as guidelines, Progression through the protocol should be based upon criteria as opposed to dates listed and will vary depending on each individual patient. Progress should be agreed upon by the patient and his/her team of providers.

Post-Operative Phase I: Early Healing Phase - (Day 1 - Week 2)

Goals:

- Minimize shoulder pain and inflammatory response
- Protect the integrity of the surgical repair
- Gradually restore pain free passive range of motion (PROM)
- Enhance/ensure adequate scapular function

Sling:

- To be worn at all times except when bathing or performing therapy

PROM:

- NO ACTIVE SHOULDER ROM for 6 Weeks (pendulums are ok)
- Glenohumeral (GH) flexion to 90 degrees (to tolerance)
- Abduction in the plane of the scapula 30 degrees
- Internal rotation (IR) to 30 degrees with arm by side
- External rotation (ER) – 30 degrees with arm by side
- Hand, Wrist, Elbow ROM as tolerated

Therapeutic Exercises:

- Pendulum exercises
- Ball squeezes

Cardio:

- Stationary bike in sling

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Modalities/Education:

- Frequent cryotherapy for pain and inflammation
- Pre-modulated electrical stimulation to shoulder for pain reduction
- Patient education regarding posture, joint protection, positioning, hygiene, etc.

Manual:

- Scar and soft tissue mobilization as needed

Post-Operative Phase II: Early Motion Phase - (Week 2 - Week 4)

Goals:

- Minimize shoulder pain and inflammatory response
- Protect the integrity of the surgical repair
- Gradually restore pain free passive range of motion (PROM)
- Enhance/ensure adequate scapular function

Sling:

- To be worn at all times except when bathing or performing therapy

PROM:

- NO ACTIVE SHOULDER ROM for 6 Weeks
- Glenohumeral (GH) flexion to Full (as tolerated)
- Abduction in the plane of the scapula to Full (as tolerated)
- Internal rotation (IR) to Full as tolerated
- External rotation (ER) to 45 degrees

Therapeutic Exercises:

- Pendulum exercises
- Periscapular isometrics
- Ball squeezes

Cardio:

- Stationary bike in sling

Modalities/Education:

- Frequent cryotherapy for pain and inflammation
- Pre-modulated electrical stimulation to shoulder for pain reduction
- Patient education regarding posture, joint protection, positioning, hygiene, etc.

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Manual:

- Scar and soft tissue mobilization as needed

Post-Operative Phase III: Progressive Motion Phase - (Week 4 – Week 6)

Goals:

- Minimize shoulder pain and inflammatory response
- Protect the integrity of the surgical repair
- Progress ROM
- **Begin light waist level activities**

Sling:

- To be worn at all times except when bathing or performing therapy

PROM:

- Glenohumeral (GH) flexion to Full
- Abduction in the plane of the scapula to Full
- Internal rotation (IR) to Full
- External rotation (ER) to 60 degrees

Therapeutic Exercises:

- Pendulum exercises
- Periscapular isometrics
- Gentle shoulder isometrics
- Ball squeezes

Cardio:

- Stationary bike in sling

Modalities:

- Continue cryotherapy for pain and inflammation

Manual:

- Scar and soft tissue mobilization as needed
- Joint mobilizations as needed



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Post-Operative Phase IV: Strengthening Phase - (Week 6 - Week 12)

Goals:

- Progress AROM
- Remain pain free for all exercises

Sling:

- Discontinue sling use

ROM

- AROM allowed as tolerated
- Glenohumeral (GH) flexion to Full
- Abduction in the plane of the scapula to Full
- Internal rotation (IR) to Full
- External rotation (ER) progress to Full as tolerated

Therapeutic Exercises:

- Progress scapular stabilization exercises
- Isotonic shoulder strengthening in functional ROM
- Gradual resistance exercises for rotator cuff
- Core Strengthening
- Begin shoulder height functional activities

Proprioception:

- Gradual PNF strengthening

Manual:

- Scar and soft tissue mobilizations as needed
- Joint mobilizations as needed

Cardio:

- Stationary bike, Elliptical with light upper body, Treadmill walking, UBE (light resistance)

Modalities:

- Continue cyotherapy for pain and inflammation
- Continued patient education: posture, joint protection, positioning, hygiene, etc.



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Post-Operative Phase V: Activity Phase (Week 12 – Week 18)

Goals:

- Progress strength, endurance, neuromuscular control
- Progress shoulder height functional activities
- Gradual and planned buildup of stress rotator cuff musculature

Therapeutic Exercises:

- Rotator Cuff Strengthening - ER/IR strengthening
 - Side lying ER with towel roll
 - Manual resistance to ER in supine in scapular plane
 - ER/IR with exercise tubing at 0 degrees of abduction (towel roll)
- Prone rowing at 30/45/90 degrees of abduction to neutral arm position
- Progress rhythmic stabilization drills
 - ER/IR in the scapular plane
 - Flexion/extension and adduction/abduction at various angles of elevation
- Progress strengthening to focus on both upper and lower segments:
 - PNF patterns
 - IR resistive band at 45, 90 degrees of abduction
- Progress isotonic strengthening if patient demonstrates no compensatory strategies, is not painful, and has no residual soreness
- Closed Chain (CKC) plyometrics

Cardio:

- Stationary bike, Elliptical, Treadmill running, UBE

Precautions:

- Avoid contact sports/activities
- Patient education regarding a gradual increase to shoulder activities

Manual: as needed

Post-Operative Phase VI: Return to Sport Phase (Week 18+)

Goals:

- Progress to full strenuous work, throwing, and overhead activities

Therapeutic Exercise:

- Initiate appropriate sport specific training guidelines
 - www.elitesportsmedicine.org
- Continue to advance all therapeutic exercises from previous phase



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- Scapula and upper extremity strengthening as tolerated in all planes
 - Diagonal/functional patterns, 90/90 strengthening, and CKC exercises/plyometrics

Cardio: Stationary bike, Jogging/Running/Sprinting, Elliptical, Rowing, UBE

Milestones for return to sport activities and clearance:

- Completion and passing of shoulder functional test at MD PT clinic
- No complaints of pain or instability
- Adequate ROM for task completion bilaterally
- Full strength and endurance of rotator cuff and scapular musculature for task completion bilaterally
- Regular completion of home exercise program