



**IMRAN ASHRAF, MD**

**Rehabilitation Guidelines for Arthroscopic Rotator Cuff Repair**  
**Type 2 Tears**  
**(+/- Subacromial Decompression)**

The rehabilitation guidelines are presented in a criterion based progression. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance and injury severity. Restrictions or precautions may also be given to protect healing.

**PHASE I (Surgery to 2 weeks)**

APPOINTMENTS	<ul style="list-style-type: none"> <li>• Meet with physician 1 week post op</li> <li>• First physical therapy appointment 3-5 days post-op</li> </ul>
REHAB GOALS	<ol style="list-style-type: none"> <li>1. Reduce pain and swelling in the post-surgical shoulder</li> <li>2. Maintain AROM of elbow, wrist and neck</li> <li>3. Protect healing of repaired tissues</li> </ol>
PRECAUTIONS	<ol style="list-style-type: none"> <li>1. Use sling continuously</li> <li>2. Relative rest to reduce inflammation</li> </ol>
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> <li>• Elbow, wrist and neck AROM</li> <li>• Ball squeezes</li> <li>• Passive range of motion 0-50 degrees</li> </ul>
CARDIOVASCULAR FITNESS	Walking, stationary bike with sling on (Avoid running and jumping due to the forces that can occur at landing)
PROGRESSION CRITERIA	14 days post-op

**PHASE II (begin at 2 weeks post-op and continue to 5 weeks post-op)**

APPOINTMENTS	Physical therapy 2 x per week
REHAB GOALS	<ol style="list-style-type: none"> <li>1. Controlled restoration of PROM</li> <li>2. Activate shoulder and scapular stabilizers in protected position (0-30 degrees abduction)</li> <li>3. Correct postural dysfunctions</li> </ol>
PRECAUTIONS	<ol style="list-style-type: none"> <li>1. Begin to wean out of the sling slowly during the 5<sup>th</sup> and 6<sup>th</sup> week (should be out of sling by 6 weeks)</li> <li>2. No active shoulder motion (protect repaired tissues)</li> </ol>
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> <li>• Codmans</li> <li>• PROM for the shoulder in all cardinal planes (cane, pulleys, table slides)</li> <li>• Scapular squeezes</li> <li>• Cervical spine and scapular AROM</li> </ul>

	<ul style="list-style-type: none"> <li>• Postural exercises</li> <li>• Core strengthening</li> </ul>
CARDIOVASCULAR FITNESS	Walking, stationary bike with sling on. No Treadmill.
PROGRESSION CRITERIA	The patient can progress to Phase III when they are at least 5 weeks post-op

### **PHASE III (begin 5-6 wks post-op)**

APPOINTMENTS	<ul style="list-style-type: none"> <li>• Meet with physician at 6 weeks post-op</li> <li>• Physical therapy 2 x per week</li> </ul>
REHAB GOALS	<ol style="list-style-type: none"> <li>1. Full P/AROM in all planes</li> <li>2. 5/5 strength for IR/ER at 30 degrees abduction</li> <li>3. Correct postural dysfunction</li> </ol>
PRECAUTIONS	<ol style="list-style-type: none"> <li>1. No active abduction for the first 8 weeks post-op</li> <li>2. No external resistance (bands or wts) for abduction or supraspinatus strengthening for the first 10 weeks. Begin strengthening of the supraspinatus very gradually, this should be pain free and avoid long lever arms that will significantly change the torque throughout the motion</li> </ol>
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> <li>• IR/ER isometrics, gradually progressing to isotonics with theraband or wts that begin at 30° abduction as strength improves</li> <li>• OKC Shoulder rhythmic stabilizations in supine at 90 degrees elevation (stars or alphabet)</li> <li>• Gentle CKC shoulder and scapular stabilization drills</li> <li>• Short arc PNF patterns</li> <li>• Side lying shoulder flexion</li> <li>• Scapular strengthening</li> <li>• A/AA/PROM exercises as needed</li> <li>• Begin core strengthening</li> <li>• Begin trunk and hip mobility exercises</li> </ul>
CARDIOVASCULAR FITNESS	Walking, stationary bike No treadmill, swimming or running
PROGRESSION CRITERIA	The patient can progress to phase IV when they have achieved full AROM (equal to uninjured side) and 5/5 strength for IR/ER at 30 degrees abduction

### **PHASE IV (begin when patient has met prog. criteria from Phase III ~12-14 wks post-op)**

APPOINTMENTS	<ul style="list-style-type: none"> <li>• Meet with physician at 12 weeks post-op</li> <li>• Physical therapy 1 x per 1-2 weeks</li> </ul>
REHAB GOALS	<ol style="list-style-type: none"> <li>1. 5/5 rotator cuff strength and endurance at 90° abduction and scaption</li> <li>2. Advance proprioceptive and dynamic neuromuscular control retraining</li> <li>3. Correct postural dysfunctions with work and sport specific tasks</li> <li>4. Develop strength and control for movements required for</li> </ol>

	work or sport
PRECAUTIONS	1. Post-rehab soreness should alleviate within 12 hours of the activities
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> <li>• Multi-plane AROM with gradual increase in velocity of movement - assessing scapular rhythm</li> <li>• Shoulder mobilizations as needed</li> <li>• Rotator cuff strengthening in at 90 degrees abduction, and overhead</li> <li>• Scapular strengthening and dynamic neuromuscular control in OKC and CKC positions</li> <li>• Core and lower body strengthening</li> </ul>
CARDIOVASCULAR FITNESS	Walking, stationary bike, stairmaster. No treadmill or swimming. Patient may begin running if they have 5/5 strength for IR/ER at 30 degrees abduction and normal active range
PROGRESSION CRITERIA	<ol style="list-style-type: none"> <li>1. Full AROM in all planes and multi-plane movements</li> <li>2. 5/5 strength at 90 degrees abduction</li> <li>3. Negative impingement signs</li> </ol>

**PHASE V (begin when patient has met prog. criteria from Phase IV ~20-22 wks post-op)**

APPOINTMENTS	Meet with physician at 18 and 24 weeks post-op Physical therapy 1 x per 2-3 weeks
REHAB GOALS	<ol style="list-style-type: none"> <li>1. 5/5 rotator cuff strength at 90degrees abduction and supraspinatus</li> <li>2. Advance proprioceptive and dynamic neuromuscular control retraining</li> <li>3. Correct postural dysfunctions with work and sport specific tasks</li> <li>4. Develop strength and control for movements required for work or sport</li> <li>5. Develop work capacity cardiovascular endurance for work and/or sport</li> </ol>
PRECAUTIONS	1. Post-rehab soreness should alleviate within 12 hours of the activities
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> <li>• Multi-plane AROM with gradual increase in velocity of movement - assessing scapular rhythm</li> <li>• Shoulder mobilizations as needed</li> <li>• Rotator cuff strengthening in at 90 degrees abduction, provocative positions and work/sport specific positions - including eccentric strengthening, endurance and velocity specific exercises</li> <li>• Scapular strengthening and dynamic neuromuscular control in overhead positions and work/sport specific positions. Work and Sport specific strengthening</li> <li>• Core and lower body strengthening</li> <li>• Begin education in sport specific biomechanics with very initial program for throwing, swimming or overhead racquet sports as needed. Transition to a specific Throwing program, swimming program once the patient can demonstrate good control with the desired mechanics.</li> </ul>
CARDIOVASCULAR	Use exercise to replicate energy systems needed for work or

FITNESS	sport
PROGRESSION CRITERIA	The patient may return to sport after receiving clearance from the orthopedic surgeon and the physical therapist/athletic trainer. This will be base on meeting the goals of this phase