



HUDSON PRO ORTHOPAEDICS & SPORTS MEDICINE

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Rehabilitation Guidelines for Arthroscopic Rotator Cuff Repair

Type 1 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">• Meet with physician 1 week post op• Begin physical therapy within 1 week of surgery
REHAB GOALS	<ol style="list-style-type: none">1. Reduce pain and swelling in the post-surgical shoulder2. Maintain AROM of elbow, wrist and neck3. Protect healing of repaired tissues
PRECAUTIONS	<ol style="list-style-type: none">1. Use sling continuously except while doing therapy2. Relative rest to reduce inflammation
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none">• Elbow, wrist and neck AROM• Ball squeezes• Completely PROM for flexion and abduction (0 – 50 degrees)
CARDIOVASCULAR FITNESS	Walking, stationary bike with sling on. No Treadmill (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)

APPOINTMENTS	Physical therapy 2 x per week
REHAB GOALS	<ol style="list-style-type: none">1. Controlled restoration of P/AAROM2. Activate shoulder and scapular stabilizers in protected position (0-30 degrees abduction)3. Correct postural dysfunctions
PRECAUTIONS	<ol style="list-style-type: none">1. Continue use of sling for the first 4 weeks, weaning out of the sling slowly based on the safety of the environment during weeks 5 and 6, discontinuing use by the end of the 6th week2. No active abduction for the first 8 weeks (protect repair)
SUGGESTED	<ul style="list-style-type: none">• P/AAROM for the shoulder in all cardinal planes (abduction

THERAPEUTIC EXERCISE	<p>should be passive only) begin AROM for flexion and rotation at 4 weeks</p> <ul style="list-style-type: none"> • Gentle shoulder mobilizations as needed • Isometric internal and external rotator cuff strengthening in non-provocative positions (0 – 30 degrees abduction) • Scapular strengthening with arm in neutral • Cervical spine and scapular AROM • Postural exercises • Core strengthening
CARDIOVASCULAR FITNESS	Walking and stationary bike. No Treadmill or Stairmaster. (Avoid running and jumping until athlete has full rotator cuff strength in a neutral position due to forces that can occur at landing)
PROGRESSION CRITERIA	The patient can progress to Phase III when they have achieved full PROM (equal to uninjured side) and 5/5 strength for IR/ER at 0 degrees abduction and are at least 5 weeks post-op

PHASE III (begin when patient has met prog. criteria from Phase II ~5-7 wks post-op)

APPOINTMENTS	<ul style="list-style-type: none"> • Meet with physician 8-10 weeks post-op • Physical therapy 1 x per week
REHAB GOALS	<ol style="list-style-type: none"> 1. Full AROM in all planes 2. 5/5 strength for IR/ER at 0 degrees abduction 3. Correct postural dysfunction
PRECAUTIONS	<ol style="list-style-type: none"> 1. No active abduction for the first 8 weeks post-op 2. No external resistance (bands or wts) for abduction or supraspinatus strengthening for the first 9-10 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
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> • IR/ER isotonic with theraband or wts that begin at 0 degrees abduction and gradually increases abduction as strength improves • OKC Shoulder rhythmic stabilizations in supine at 90 degrees elevation (stars or alphabet) • Gentle CKC shoulder and scapular stabilization drills • PNF patterns • Side lying shoulder flexion • Begin shoulder abduction in side lying (gravity eliminated) • Scapular strengthening • A/AA/PROM as needed • Core strengthening • Begin trunk and hip mobility exercises
CARDIOVASCULAR FITNESS	Walking and stationary bike. No Treadmill, Stairmaster or swimming. (Avoid running and jumping until athlete has full rotator cuff strength in a neutral position due to forces that can occur at landing)
PROGRESSION CRITERIA	The patient can progress to Phase IV when they have achieved full AROM (equal to uninjured) & 5/5 strength for IR/ER at 30

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

APPOINTMENTS	<ul style="list-style-type: none"> Meet with physician 12 weeks post-op Physical therapy 1 x per 2-3 weeks
REHAB GOALS	<ol style="list-style-type: none"> 5/5 rotator cuff strength and endurance at 90 degrees abduction and scaption Advance proprioceptive and dynamic neuromuscular control retraining Correct postural dysfunctions with work and sport specific tasks Develop strength and control for movements required for work or sport
PRECAUTIONS	<ol style="list-style-type: none"> Post-rehab soreness should alleviate within 12 hours of the activities
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> Multi-plane AROM with gradual increase in velocity of movement - assessing scapular rhythm Shoulder mobilizations as needed Rotator cuff strengthening in at 90 degrees abduction, and overhead Scapular strengthening and dynamic neuromuscular control in OKC and CKC positions Core and lower body strengthening At 15 weeks, begin education in sport specific biomechanics with very initial program for throwing – low velocity, focusing on movement control (air throws and light toss)
CARDIOVASCULAR FITNESS	Walking, stationary bike, Stairmaster. No Treadmill or swimming. May begin light jogging and running if pt has full RTC strength in neutral and normal AROM
PROGRESSION CRITERIA	<ol style="list-style-type: none"> Full AROM in all planes and multi-plane movements 5/5 strength at 90 degrees abduction Negative impingement signs

PHASE V (begin when patient has met prog. criteria from Phase IV ~16-17 wks post-op)

APPOINTMENTS	Meet with physician 18 weeks post-op and 24 weeks post-op Physical therapy 1 x per 2-3 weeks
REHAB GOALS	<ol style="list-style-type: none"> 5/5 rotator cuff strength at 90° abduction and supraspinatus Advance proprioceptive and dynamic neuromuscular control retraining Correct postural dysfunctions with work and sport specific tasks Develop strength and control for movements required for work or sport Develop work capacity cardiovascular endurance for work and/or sport
PRECAUTIONS	<ol style="list-style-type: none"> Post-rehab soreness should alleviate within 12 hours of the

	activities
SUGGESTED THERAPEUTIC EXERCISE	<ul style="list-style-type: none"> • Multi-plane AROM with gradual increase in velocity of movement - assessing scapular rhythm • Shoulder mobilizations as needed • Rotator cuff strengthening in at 90 degrees abduction, provocative positions and work/sport specific positions - including eccentric strengthening, endurance and velocity specific exercises • Scapular strengthening and dynamic neuromuscular control in overhead positions and work/sport specific positions • Work and sport specific strengthening • Core and lower body strengthening • Throwing program, swimming program or overhead racquet program as needed
CARDIOVASCULAR FITNESS	Design to use work or sport specific energy systems
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