



Post-Op Rehab Protocol for Shoulder Arthroscopy Rotator Cuff Repair

Phase 1 0- 6 weeks after surgery

Goals

- Protect the surgical repair
- Minimize pain and swelling
- Achieve staged range of motion goals
- Maintain tone of scapular muscles as well as normal scapular position and mobility
- Maintain full motion of elbow, wrist, fingers
- Prevent restrictions in passive shoulder motion
- Educate patients in post-op precautions, activity modification,

Achieve but don't exceed stated range of motion goals		
Motion	by Week 3	by Week 6
Passive Forward Elevation (Flexion, Scaption, ABDuction)	60°- 90°	90°- 120°
Passive External Rotation with 20° of ABDuction	0°- 20°	20°- 30°

*if subscapularis repair is performed that external rotation is to neutral (0 degrees)

Precautions

- Arm sling or immobilizer should be worn at all times for the first 6 weeks except when doing elbow, forearm, wrist, and hand exercise.
- No active shoulder range of motion. Passive motion may begin only after 2-3 weeks.

Suggested Therapeutic Exercises and Activities

- Active movement of elbow, wrist and fingers
- Scapular motion in all directions emphasizing retraction.



OrthoTeam Clinic

Ashish M. Rawal, M.D.

2 Science Court, Madison, WI 53711

900 Ridge Street, Stoughton, WI 53589.

Telephone: 608-231-3410 Fax: 608-231-3430

- Grade 1 or 2 joint mobilization of entire shoulder girdle
- Passive glenohumeral exercises and/or motion with low rotator cuff activity: Passive motion, pendulum, forward bow, self-assisted supine forward elevation and wand exercises.
- Scar management
- Ice and modalities as needed for pain management
- Immobilize shoulder in sling 6 weeks, then begin weaning from sling.

Phase 2 6 to 12 weeks after surgery

Goals

- Suggested number of appointments per week in Therapy Services: 1-2 times per week
- Continue to protect surgical repair
- Address scar management

Achieve but don't exceed stated range of motion goals		
Motion	by Week 9	by Week 12
Passive Forward Elevation (Flexion, ABDuction, Scaption)	130°- 155°	Symmetrical
Passive External Rotation with 20° of ABDuction	30°- 45°	Symmetrical
Passive External Rotation with 90° of ABDuction	45°- 60°	75°
Active Forward Elevation (Flexion, ABDuction, Scaption)	80°- 120°	Symmetrical

*less ER may be indicated if
subscapularis repair is performed

Precautions

- Continue avoidance of quick or heavy movements to protect the repair
- Cautious progression from passive to assisted to active movement
- Avoid aggressive stretching especially into internal and external rotation
- Avoid empty can exercise throughout all stages of rehab.



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- If using pulleys or other overhead exercise, ensure adequate shoulder range of motion and scapular mechanics to avoid impingement

Suggested Therapeutic Exercises and Activities

- Wean from sling by 6-8 weeks post-op.
- Mobilize joints and soft tissue as needed to address stiffness.
- Progress from active assistive range of motion to active range of motion with emphasis on scapular posture, alignment and control
- Begin active movement in gravity minimized positions and progress to moving against gravity
- Address core stability and fitness
- Late in Phase 1 and into Phase 2, choose exercises that apply low-moderate tension to the repair:
 - Assisted motion
 - Towel slides on horizontal surface
 - Supine assisted and active movements, including supine theraband-resisted forward elevation.
- Later in stage 2, include more active rotator cuff exercises:
 - Pulley exercises
 - Towel slides on incline
 - Ball on wall
 - Active upward reach, with up to 1# hand weight.
- Light theraband exercises for internal and external rotation (consider towel roll for support) scapular protraction.

Phase 3 12 to 20 weeks

Goals

- Suggested appointment frequency in Therapy Services: 1 time every 1-2 weeks unless otherwise directed.
- Achieve full active range of motion with good scapular control and movement mechanics
- Achieve functional strength of all shoulder musculature



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- Return to work, activities of daily living, and recreational activities that do not require heavy lifting or repetitive overhead work.

Precautions

- Continue to avoid sudden shoulder movements or lifting more than 15-20#.

Suggested Therapeutic Exercises and Activities

- Active and light resisted exercise in pain-free ranges
- Increase speed of active movement in all directions
- Moderate dynamic stabilization in open chain
- Include low level closed chain exercise
- Progress to longer lever arms (elbow straight) and moderate resistance as able:
 - Resisted rotations at various angles of abduction
 - Prone rowing, horizontal abduction, extension.
 - Standing dumbbell external rotation up to level of scapular plane, 10-rep max.
 - Theraband-resisted shoulder elevation when patient is upright.
 - Theraband-resisted throwing *acceleration only*.

For most patients with rotator cuff repairs, supervised rehab will end after Phase 3.

Phase 4 may be necessary for patients whose work or activity demands require stronger loads or shoulder positions not achieved in Phase 3.

Phase 4 20+ weeks after surgery

Goals

- Suggested appointment frequency in Therapy Services: 1 time every 1-3 weeks
- Full and pain-free active shoulder motion.
- Return to usual work duties, daily activities, household chores and/or fitness exercise



Precautions

- Continue attention to scapular control, core stability, body mechanics for lifting and reaching
- Continue to avoid painful shoulder positions.
- Keep hands within eyesight for all weight training

Suggested Therapeutic Exercises and Activities

- Progression to heavy work, fast overhead movements and advanced closed chain
- Progressive resistance with bands or weights:
 - Forward elevation up to 4#, 10-rep max.
 - Side-lying dumbbell external rotation
 - Standing dumbbell external rotation at 90 degrees of abduction
 - Theraband-resisted external rotation at 90 degrees of abduction
 - Seated military press
 - Theraband-resisted throwing *deceleration phase*.
- Functional lifting, pushing, pulling to simulate work and activity demands

Reference:

Thigpen C, Shaffer M, Gaunt B, Leggin B, Williams G, Wilcox III R. The American Society of Shoulder and Elbow Therapists' consensus statement on rehabilitation following arthroscopic rotator cuff repair. *Journal of Shoulder and Elbow Surgery*, 2016, 25:521-535.

The purpose of this guideline is to provide a framework of the rehabilitation following rotator cuff repair and is not a substitute for a therapist's clinical decisions based on physical findings, individual progress and/or the technique used in surgery. Specific time frames, limitations and precautions are given to protect healing tissues and the surgical repair/reconstruction. Time frames also provide information on what to expect for the average person, but individuals may progress at different rates depending on their age, severity of injury and any other injuries, health, tolerance and willingness to complete exercises.