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Arthroscopic Rotator Cuff Repair

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. Please contact the physical therapy department at (401) 457-1590 if there are any questions. You may also refer to www.universityorthopedics.com and go to Dr. Green's section to view video of the specific shoulder exercises.

The dressing is removed three days after surgery. The steri-strips are left on the incisions until the first post-operative office visit. After the dressing is removed you may shower quickly and gently pat your shoulder dry with a clean towel. When in the shower you are to wear a sling to protect your shoulder from injury. An extra sling can be provided. If there is any drainage or concern about the healing of the incisions do not shower and gently clean the surface of the shoulder with rubbing alcohol and contact the office.

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.

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 1-4:

- Pendulum circumduction (circular) exercises (no weights)
- Passive self- assisted (patient performs exercises) supine external rotation (PER)
- Small/medium tears may begin passive standing internal rotation (PIR) to the buttock level
- Begin postural exercises with isometric serratus anterior, rhomboid and trapezius contraction
- Neck range of motion to prevent cervical spine soreness

- The physical therapist should monitor supine passive forward elevation (PFE) weekly and **ONLY IF** stiffness develops, begin supine passive forward elevation, supine horizontal adduction, and standing passive internal rotation (PIR)
- Unless otherwise indicated in the post-operative therapy referral the sling should be worn at all times except to perform home exercises five times per day
- Abduction immobilizers are used for large and massive rotator cuff tears in order to relax the supraspinatus and infraspinatus repairs
- Each stretch should be done for 5 repetitions, holding each stretch for 10 seconds.

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Weeks 5-6:

- Small tears discontinue the sling after the 4th week. Larger tears (medium, large, massive) discontinue the sling after the 5th week.
- Begin passive self-assisted supine forward elevation, supine horizontal adduction, and standing internal rotation behind the back for large and massive tears at the beginning of week 5.

Range of Motion Goals Week 6

	Wk 6
Passive forward elevation	140°
Active forward elevation	Above shoulder level
Passive external rotation	40°
Passive internal rotation	Upper lumbar

Week 7:

- 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

Weeks 7-8:

- Isometrics deltoid, internal rotation, external rotation
- Supine deltoid exercises
- Scapula stabilization

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

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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.