NewportCare Medical Group

Lucas Wymore MD

Sports Medicine Office Phone:949-491-9991 40700 California Oaks Drive, Suite 205

Murrieta, CA 92592 Fax: 949-612-9795



ARTHROSCOPIC ROTATOR CUFF REPAIR REHABILITATION PROTOCOL

	RANGE OF MOTION	IMMOBILIZER	THERAPEUTIC EXERCISE
PHASE I 0 - 4 weeks	Passive range only - to tolerance - maintain elbow at or anterior to mid-axillary line while supine - limit internal rotation at 90° to 40° and behind back to T12	Sling with supporting abduction pillow to be worn at all times except for hygiene and therapeutic exercise	Codman's, elbow/wrist/hand ROM, grip strengthening, isometric scapular stabilization
PHASE II 4 - 8 weeks	4-6 weeks: Gentle passive stretch to 140° of forward flexion, 40° external rotation at side, and abduction to 60-80° -increase internal rot. gently at 90° to 60° and behind back to T7-T8 6-8 weeks: increase ROM to tolerance	None for small/medium tears Sling for 6 weeks for massive tear	4-6 weeks: begin gentle active assistive/ active exercises, begin gentle joint mobilizations (grades I and II), continue with phase I exercises 6-8 weeks: begin active exercises begin deltoid and biceps* strengthening
PHASE III 8 - 12 weeks	Progress to full motion without discomfort	None	Continue with scapular strengthening, progress exercises in phase II, No cuff strengthening Stretch posterior capsule when arm is warmed-up
PHASE IV 12 weeks - 6 months	Full without discomfort	None	Advance exercises in phase III, Begin gentle cuff strengthening and progress to tolerance with good improvement and focus on scapula motion and stability
PHASE V 6 months and beyond	Full	None	Advance exercises in phase IV, Advance cuff strength and begin overhead use to tolerance with good improvement MMI 9 months

^{*}If biceps tenodesis is concomitantly performed, NO biceps strengthening until 8 weeks post-operative

^{**}If approved by physician