



SASKATOON ORTHOPEDIC & SPORTS MEDICINE CENTER

Shoulder Arthroscopic Rotator Cuff Repair: Rehabilitation Guidelines

Post-Operative Period (0–6 weeks)

- Goals:
- Protect anatomical repair
 - Promote early PASSIVE ROM restoration, as active ROM and strength will be addressed later to allow appropriate healing
 - Prevent negative effects of immobilization
 - Decrease pain and inflammation

- Shoulder immobilizer worn continuously (this include at night), removed only for dressing, showers, personal hygiene (unless specified by surgeon)
- Wound must be kept dry for first 5-7 days
- Elbow, wrist and finger ROM
- Ball squeeze
- Ice/Cryocuff
- Medication as directed by the surgeon
- Passive ROM exercises as per instruction upon leaving the hospital/surgical center (limit IR & Add)
- gradually develop forward elevation to 140-160°, ER 40-60° by end of this phase
- submaximal isometrics may be included by 4 weeks

Phase I (6-12 weeks)

- Goals:
- Promote continued increase in ROM
 - Promote postural/proprioceptive awareness
 - Initiate basic strength restoration
 - Initiate light ADL's

- Discontinue immobilizer (unless specified by surgeon)
- Progress active and active-assisted ROM
- no lifting, reaching at full arm's reach from body, or reaching above shoulder level until 12 weeks
- Strengthening to include:
 - supine stick or ball drills (can use ½ roll)
 - supine X & O's, alphabet, figure-8 drills
 - postural/scapular control activities
 - rhythmic stabilization drills
 - submaximal isometrics
 - core strengthening
 - wall press at 6-8 weeks
 - introduce resistance of short arc light tubing at 8 weeks - establish movement quality and control prior to adding more load than weight of limb

Phase II (12-16weeks)

- Goals:
- Promote continued ROM restoration within guidelines
 - Progress to intermediate strength, proprioception and dynamic stability restoration

- Continue ROM activities
- initiate graduated lifting, reaching at full arm's reach from body, or reaching above shoulder level – emphasize quality of motion, loading gradually and appropriately – elevation through plane of scapula
- Continue to advance postural, scapular, rotator cuff and general shoulder girdle strengthening
- Progress proprioceptive and dynamic stability drills in supine, sitting, standing and 4-pt kneeling, including diagonal patterns, press on wall (use ball)

Phase III (16-24 weeks)

- Goals:
- Progress to advanced strength, proprioception and dynamic stability restoration
 - Include sport/work specific programming

- Sport specific drills – i.e. graduated throwing program (towel, mini tramp toss, ball toss, progress reps/distance, off mound), progress dynamic press/grapple activities
- work specific drills – i.e. lifting, reaching, overhead tool work duty simulation

Size of Tear: Small (<1cm) Medium (1-3cm) Large (3-5cm) Massive (>5cm)

Strength of Repair: Strong (eg linear split repaired side to side)
 Medium-Strong (eg good tissue/no tension)
 Weak (eg poor tissue repaired under tension)

Small to Large Tears: 0 – 6 weeks: assistive exercises, avoid internal rotation, avoid adduction
 > 6 weeks: stretches
 Begin active/resistive exercises at 6-10 weeks depending on size

Massive Tears: 0 – 6 weeks: passive elevation (no pulley), avoid internal rotation/adduction
 6 – 12 weeks: assistive exercises
 > 3 months: stretches and active/resistive exercises