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Arthroscopic Rotator Cuff Repair Protocol

This protocol was developed to provide therapists with a guideline of treatment for a patient who has undergone an arthroscopic rotator cuff repair. It is essential that the therapist take into consideration tear size, tissue quality, and individual function in order to obtain optimal outcomes. The primary goal is to maintain the integrity of the repair while appropriately progressing the patient's range of motion, strength, and functional mobility. If there are any questions concerning the progression of this protocol, please contact our physical therapy department at (508) 824 – 1000.

Phase I – Immediate Post-surgical Phase

Goals:

Maintain integrity of repair
Diminish pain and inflammation
Prevent muscular inhibition
Gradually increase passive ROM

Precautions:

Keep arm in sling; remove only for exercise, dressing, and showering
No AROM
No lifting of objects
No supporting of body weight by hands
Keep incision clean and dry
No passive IR/hand to back

Weeks 0 – 4:

Pendulums
Passive ROM in these planes only

- Supine forward elevation (FE)
- Supine ER in scapular plane

Postural education with scapular isometric sets
Neck, elbow, wrist, and hand ROM
Ice as needed

Criteria for progression to Phase II:

Passive Forward Elevation 140°
Passive External Rotation 45°

Phase II – Protection Phase

Goals:

Do not overstress healing tissue
Gradually increase Passive ROM
Decrease pain and inflammation

Precautions:

No lifting
No supporting of body weight by hands
No sudden, jerky movements
No abduction stretching / PROM

Week 4:

Passive ROM

- Initiate horizontal adduction and internal rotation
- Continue pFE and pER

Initiate AAROM in supine and seated pulleys

Weeks 5 – 6:

Wean from sling with discharge at week 6

Week 6:

Continue AAROM and stretching
Initiate Active ROM exercises in supine and prone first. Progress to standing as control improves.
Initiate deltoid and rotator cuff isometrics

Criteria for progression to Phase III:

Full PROM

Phase III – Intermediate Phase

Goals:

Full AROM
Maintain full PROM
Gradual restoration of shoulder strength and endurance
Gradual return to functional activities

Precautions:

No heavy lifting
No sudden lifting or pushing
No frontal abduction strengthening: perform in the scapular plane

Weeks 10 – 12:

Initiate strengthening program in scapular plane

- Resistance bands (ER/IR, Punches, Rows, Extension)
- Light weights in supine/prone first with progression to standing if no scapular compensation is present

Criteria for progression to Phase IV:

Full AROM

Phase IV – Advanced Strengthening Phase

Goals:

Progression to (I) HEP
Maintain full pain-free ROM
Gradual return to work activities and recreational sports

Week 16 – 26:

Progression of strengthening program
Advanced proprioceptive and stability activities