

Thunder Basin Orthopaedics: ARCR **(Arthroscopic Rotator Cuff Repair) Protocol**

Phase 1: Post Op and Early Recovery (Weeks 1 to 4-6 depending on nature of repair and patient progression)

Goals: Maintain / protect integrity of repair

- Gradually increase passive range of motion (PROM)
- Diminish pain and inflammation
- Prevent muscular inhibition
- Become independent with activities of daily living with modifications

Precautions:

- Maintain arm in abduction pillow, remove only for exercise
- No active range of motion (AROM) of shoulder
- No lifting of objects
- No shoulder motion behind back
- No excessive stretching or sudden movements
- No supporting of any weight
- No lifting of body weight by hands
- Keep incision clean and dry

Week 1

- Abduction pillow
- Pendulum exercises
- Finger, wrist, and elbow AROM
- Begin scapula musculature isometrics / sets; cervical ROM
- Cryotherapy for pain and inflammation
- Sleeping in abduction pillow
- Patient Education: posture, joint protection, positioning, hygiene, etc.

Weeks 2-4

- Continue to use abduction pillow
- Pendulum exercises
- Begin passive range of motion to tolerance (Supine position and Pain free)
- Flexion to 90°
- ER in scapular plane to at least 35°
- IR to body/chest
- Continue elbow, wrist, and finger active range of motion
- Cryotherapy as needed for pain control and inflammation
- May resume general conditioning program
- Pool therapy may begin at 3 weeks postop

Criteria for progression to the next phase (II):

- Passive forward flexion to at least 125 degrees

- Passive external rotation (ER) in scapular plane to at least 75 degrees
- Passive internal rotation (IR) in scapular plane to at least 75 degrees
- Passive Abduction to at least 90 degrees in the scapular plan

Phase 2: Protection / Active motion (Usually weeks 5-9)

Goals:

- Allow healing of soft tissue
- Do not overstress healing tissue
- Gradually restore full passive ROM (week 4-5)
- Decrease pain and inflammation

Precautions:

- No lifting
- No supporting of body weight by hands and arms
- No sudden jerking motions
- No excessive behind the back movements
- Avoid upper extremity bike or upper extremity ergometer at all times.

Weeks 5-6:

- Continue use of abduction pillow full time
- *May begin to wean abduction pillow starting 5th week for small/medium and non-retracted tears
- *Do no wean until after week 6 for large and retracted tears
- Initiate active assisted range of motion (AAROM) flexion in supine position
- Progressive PROM
- Gentle Scapular/glenohumeral joint mobilization as indicated to regain full passive ROM
- Initiate prone rowing to neutral arm position
- Continue cryotherapy as needed
- May use heat prior to ROM exercises
- May use pool therapy for light active ROM exercises
- Ice after exercise

Weeks 7-9

- Continue active and active assisted ROM and stretching exercises
- Begin rotator cuff isometrics
- Continue periscapular exercises
- Initiate active ROM exercises:
 - flexion scapular plane
 - abduction
 - external rotation
 - internal rotation

Criteria for progression to the next phase (III):

- Full active range of motion

Phase 3: Early Strengthening

Goals:

- Full active ROM (week 10-12)
- Maintain full passive ROM
- Dynamic shoulder stability
- Gradual restoration of shoulder strength, power, and endurance
- Optimize neuromuscular control
- Gradual return to functional activities

Precautions:

- No heavy lifting of objects
- No sudden lifting or pushing activities
- No sudden jerking motions
- No overhead lifting
- Avoid upper extremity bike or upper extremity ergometer at all times.

WEEKs 10/11:

- Continue stretching and passive ROM (as needed)
- Dynamic stabilization exercises
- Initiate strengthening program
- External rotation (ER)/Internal rotation (IR) with therabands/sport cord/tubing
- ER side-lying (lateral decubitus)
- Lateral raises*
- Full can in scapular plane* (avoid empty can abduction exercises at all times)
- Prone rowing
- Prone horizontal abduction
- Prone extension
- Elbow flexion
- Elbow extension
- *Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue glenohumeral joint exercises

WEEKs 12/13:

- Continue all exercise listed above
- Initiate light functional activities

WEEKs 14/15:

- Continue all exercise listed above
- Progress to fundamental shoulder exercises

Criteria for progression to the next phase (IV):

- Able to tolerate the progression to low-level functional activities
- Demonstrates return of strength/dynamic shoulder stability
- Re-establish dynamic shoulder stability
- Demonstrates adequate strength and dynamic stability for progression to higher demanding work/sport specific activities.

Phase 4: Advanced strengthening (weeks 16-22)

Goals:

- Maintain full non-painful active ROM
- Advance conditioning exercises for enhanced functional use
- Improve muscular strength, power, and endurance

- Gradual return to full functional activities

Week 16:

- Continue ROM and self-capsular stretching for ROM maintenance
- Continue progression of strengthening
- Advance proprioceptive, neuromuscular activities
- Light sports (golf chipping/putting, tennis ground strokes), if doing well

Week 20:

- Continue strengthening and stretching
- Continue stretching, if motion is tight
- May initiate interval sport program (i.e. golf, tennis, etc.), if appropriate.