

TYPE ONE - ROTATOR CUFF REPAIR
ARTHROSCOPIC OR MINI-OPEN
Small Tear
(Less than 1 cm)

I. Phase I – Immediate Postoperative Phase (Weeks 0 – 6)

Days 0-14

Patient is seen 2 days post-operative to remove surgical dressings and pain catheter. Showering is allowed once dressings and catheter is removed. The patient is seen 2-3x/week for supervised rehab. MD visits at 2 weeks, and 6 weeks.

Rehabilitation Goals:

- Gradual return to full ROM
- Increase shoulder strength
- Decrease pain

Brace Use: During the first 2 weeks, the patient wears sling/bolster 24 hrs/day except when in PT, showering, or performing exercises at home.

Modalities: Cryotherapy, interferential stimulation for pain control

Exercises

1. Passive ROM exercises (NO PULLEYS)
 - Flexion and Abduction (within patients tolerance)
 - IR & ER in scapular plane (within patients tolerance)
2. Hand grip with putty or tennis ball
3. AROM: elbow flexion-extension, forearm pronation-supination
4. AROM: cervical spine
5. Submaximal, non-painful isometric shoulder exercises in all planes
6. Initiate rhythmic stabilization drills (Week 2)
7. Continuous Passive Motion Machine (CPM) if ordered by MD

Week 3 – 4:

Brace Use: Brace is typically discontinued at 2 weeks by MD.

Modalities: Ice, electric stimulation for pain control

Exercises:

1. Continue ROM exercises – may begin AAROM with cane (no pulleys)
 - Flexion, Abduction, ER, IR, all within patients tolerance
2. Initiate proprioception training
3. Rhythmic stabilization
4. Isometric shoulder exercises all planes
5. PRE's for elbow and wrist
6. Cardio: Stationary cycling

Weeks 5 – 6:**Exercises:**

1. Continue ROM – passive stretching and self stretches
2. May initiate Light Strengthening Program: SL ER, Manual Resistance IR & ER, biceps, triceps
3. Tubing IR & ER with arm at side
4. Initiate Active Shoulder Flexion, Scaption, and Abduction without resistance
5. Initiate Prone Rowing, Prone Horizontal Abduction

II. Phase II – Intermediate Phase: Moderate Protection Phase (Week 7 – 12)

The patient is seen usually 2 days/week for supervised rehab and performs home program 3x/week. MD visit at 12 weeks.

Goals:

- Restore full range of shoulder motion
- Improve shoulder dynamic stability
- Improve shoulder proprioception

Weeks 7 – 8:**Exercises:**

1. Continue with stretching to achieve full ROM by week 8
2. May begin light isotonic exercises: Flexion, Full Can, Bicep Curls, Tricep Extensions, Prone Ex's, Ceiling Punches, Tubing IR & ER at 0 Deg. Abd.
3. Initiate PNF strengthening with manual resistance and tubing
4. Cardio: stationary cycling, elliptical trainer, deep water running with vest

Weeks 9 – 12:**Exercises:**

1. May initiate more aggressive strengthening: Push-ups(progression), Lat Pulldowns(in front only), two armed plyometrics

2. Progress ER to Overhead Motion
 - ER at 90 deg. Abduction: (Week 10 – 12)
 3. Progress strengthening exercises
 4. Continue all stretching exercise
 5. Cardio: May begin running at 10 – 12 weeks
- **Progress ROM to functional demands of sport or work****

III. Phase III – Minimal Protection Phase (Week 13-20)

Patient is seen by MD at 4, 5, and 6 months.

Goals: Establish and maintain full ROM
Improve Muscular Strength, Power, and Endurance
Gradually initiate functional activities

Week 13 – 20:

Exercises:

1. Stretching to maintain ROM for overhead activity
2. Continue all isotonic exercises, weights and tubing
3. Chest press (protected ROM), Shoulder Press
4. Two armed plyometrics- progress to one-armed
5. Initiate Interval Sport/Work Program (throwing, work simulation)

IV. Phase IV – Return to Activity Phase (Month 4 – 6)

Goals: Enhance muscular strength, power, and endurance
Progress functional activities
Maintain shoulder mobility
Gradual return to sport or work activities

4 – 6 Months:

Exercises:

1. Continue all flexibility and strengthening exercises
2. Progress Interval sport or work conditioning programs
3. Gradually progress to sport or work activities to unrestrictive participation

