



Official Health Care Provider of the Louisville Cardinals

Procedure: Arthroscopic Rotator Cuff Repair

Description of Procedure: Rotator cuff repair performed using arthroscopic techniques with use of suture anchors in a double row fashion.

PT Frequency: Begin 1-2 wks postop, 2-3x wkly 0-3 mo, physician/therapist discretion afterwards. Home exercises daily.

Dressing: PT may perform dressing change as needed. Leave steri-strips/ xeroform gauze in place. Ok to shower with or without dressing. No tub bathing/ soaking until wound fully healed.

	ROM	Brace	Therapeutic Exercises
Phase I: 0-4 wks	<p>0-2 weeks: None</p> <p>2-4 weeks: Begin PROM Limit 90° flexion, 45° ER, 20° extension, 45° abduction, 45° ABER</p>	<p>0-2 weeks: Immobilized at all times day and night.</p> <p>Off for hygiene and gentle shoulder pendulums. Elbow out of sling multiple times daily for elbow motion.</p> <p>2-4 weeks: Worn daytime only</p>	<p>0-2 weeks: Elbow/wrist ROM, grip strengthening and pendulums at home only</p> <p>2-4 weeks: Begin PROM to ER to 45° Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule and extension Closed chain scapula</p>
Phase II: 4-12 wks	<p>Begin active and active- assisted ROM</p> <p>Advance to 140° FE, 135° abduction, 90° ABER, 45° ABIR</p>	None	<p>Continue Phase I work; begin active- assisted exercises, deltoid/rotator cuff isometrics at 8 weeks</p> <p>Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff**</p>

	ROM	Brace	Therapeutic Exercises
Phase III: 12-16 wks	Gradual return to full AROM	None	<p>Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization</p> <p>Begin muscle endurance activities (upper body ergometer)</p> <p>Cycling/running as tolerated at 12 weeks</p>
Phase IV: 4-6 mo	Full and pain free	None	<p>Aggressive scapular stabilization and eccentric strengthening; scapular perturbation</p> <p>Begin plyometric and throwing/racquet program, continue with endurance activities</p> <p>Maintain ROM and flexibility</p>
Phase V 6-8 mo	Full and pain free	None	Progress Phase IV activities, return to full activity as tolerated

*If a distal clavicle excision is performed, horizontal adduction is restricted for 8 weeks post-op

**If a biceps tenodesis is performed, avoid active flexion of biceps and eccentric loads on biceps for 6 weeks post-op

***Limited return to sports activities during Phase IV if cleared by surgeon

Typical follow up frequency is 2 wks with mid-level then with Dr. Richards at 4-6 wks, 3 mo, 6 mo, 9 mo, 1 yr, 2 yr, and 5 yr. Long term follow up is kindly requested for data collection. Frequency is subject to change pending patient progress. Progression back to sport is dependent on case-by-case basis and determined by Dr. Richards. If significant pain or swelling occurs, patient is expected to stop causative activity and follow up with our office. On call providers are always available.