

Central Texas

Sports Medicine & Orthopaedics, P.A.

Arthroscopic Rotator Cuff Repair Physical Therapy Protocol

- A. Progression and rehabilitative potential dependent upon:
1. Size of tear
 2. Type of repair (tendon to tendon, or tendon to bone)
 3. Integrity and quality of tissue
 4. Individual patient response
 5. Previous history and status prior to surgery
 6. Age of individual
 7. Patient desired activity level
 8. Surgical considerations
- B. Classification
- | | |
|--|---|
| Type I: Small tear (<1 cm) | Sling for comfort 1-2 weeks
Return to activity 4-6 months
Full ROM 8-10 weeks |
| Type II: Moderate tear (1-3 cm) | Sling for 3-4 weeks
Return to activity 6-8 months
Full ROM 10-12 weeks |
| Type III: Large tear (3-5 cm)
Massive tear (> 5 cm) | Sling for 4-8 weeks
Return to activity 8-12 months
Full ROM 3-4 months |

Type I Rotator Cuff Repair

1. Protection Phase & Controlled Motion (week 0-6)
 - a. Week 0-3
 1. Sling for comfort 1-2 weeks
 2. Pendulum & gravity eliminated motion
 3. AAROM: Flexion to tolerance
 4. Isometrics
 5. Modalities
2. Protected Motion- (weeks 3-6)
 - a. AAROM: ER/IR @ 45 abduction
 - b. Surgical tubing IR/ER
 - c. Stabilizing exercises for S-H rhythm including scapular strengthening
 - d. ER/IR @ 90 abduction (week 6)
3. Strengthening (week 7-12)
 - a. Full ROM (week 8-12)
 - b. Comprehensive RC and scapular stabilizing exercises
 - c. Neuromuscular activities
4. Return to Activities Phase (12-21 weeks)
 - a. maintain full non-painful ROM
 - b. Increase strength and power
 - c. Gradual return to activities
 - d. Return to activities (4-6 months)

Type II Rotator Cuff Repair

1. Protection Phase & Controlled Motion (week 0-6)
 - a. Sling 3-4 weeks
 - b. IR/ER @ 30-40 abduction
 - c. Flexion to tolerance
 - d. Elbow & hand strengthening and ROM
2. Protected strengthening (week 7-14)
 - a. IR/ER at 90 abduction (week 6)
 - b. Full ROM- (week 10-12)
 - c. RC and scapular stabilizing exercises
3. Strengthening (week 15-26)
 - a. Aggressive strengthening
 - b. Continue ROM
 - c. Endurance
 - d. Progress to sports program (week 21-26)
4. Return to activity Phase (week 26-30)
 - a. Strengthening/flexibility/ROM exercises
 - b. Progressive return to sports/work activities
 - c. Return to activities (6-8 months)

Type III Rotator Cuff Repair

1. Protective phase and controlled motion (week 0-8)
 - a. Sling (4-8 weeks)
 - b. Gentle PROM/AAROM
 - c. IR/ER @ 45 abduction
 - d. Elbow and hand exercises
 - e. Submaximal isometrics
2. Protective strengthening (week 8-14)
 - a. Flexion to tolerance
 - b. IR/ER @ 90 abduction
 - c. RC and scapular stabilizing exercises
5. Strengthening (week 15-26)
 - a. Full ROM (week 12-14)
 - b. Capsular stretching/ROM
 - c. Progressive strengthening exercises
 - d. Gradual progression to sports activities (week 21-26)
4. Return to activity Phase (week 24-26)
 - a. Progress strengthening and flexibility
 - b. Progress to sports activities
 - c. Return to activities (8-12 months)

Please note that rehabilitation protocols are to be used as general guidelines in the overall treatment and plan of care for the patients of Central Texas Sports Medicine & Orthopaedics. Supervised treatment and care under physicians, physical therapists, and athletic trainers are essential in a patient progressing through each phase of the rehabilitation process. Our doctors, therapists, and trainers will determine the appropriate progression of the specific protocol for each patient.