

## TYPE I ROTATOR CUFF REPAIR (< 1 CM) ARTHROSCOPIC

### Phase I- Protective Phase (0 – 6 weeks post-op)

#### Goals:

- Maintain integrity of repair
- Gradual return to full PROM/AAROM
- Increase shoulder strength while respecting repair
- Decrease pain

#### Weeks 0 – 3:

- Sling for protection and comfort (4 weeks)
- Elbow/wrist ROM exercises, hand gripping for first 3 weeks
- Scapular AROM all planes without weight
- Codman's Pendulums start at 3 weeks post-op

#### Weeks 3 – 5:

- Discharge sling (unless specified by MD)
- PROM to tolerance in flexion, ER/IR in scapular plane and ER/IR at 90° abduction
- AAROM to tolerance:
  - Pendulums
  - Flexion to 145°
  - ER/IR to tolerance in scapular plane
  - ER/IR to 60° at 90° abduction
- Strengthening:
  - Sub-maximal/pain-free isometrics (all with bent elbow):
    - Flexion
    - Abduction
    - ER/IR
    - Extension
- Elbow Flexion/Extension strengthening
- Pain-control modalities

#### Weeks 5 - 6:

- Progress PROM to full as tolerated
- AAROM: Flexion to tolerance
  - ER/IR to tolerance in scapular plane and at 90° abduction
- AROM: Flexion to 90°
- Initiate upper extremity cycle



Home to the Texas Rangers

- Progress Shoulder/Scapular Strengthening:
  - Prone rows to neutral arm position
  - Prone horizontal abduction
  - Tubing IR/ER in neutral working on endurance
  - Initiation of rhythmic stabilization drills
  - Tubing scapular strengthening to neutral working on endurance

## **Phase II – Intermediate Phase (6 – 12 weeks post-op)**

### **Goals:**

- Full, non-painful ROM
- Improve strength and power
- Increase functional activities; decrease residual pain

### **Weeks 6 – 10:**

- Maintain full PROM, AAROM and AROM
- Strengthening:
  - Continue isotonic/tubing and scapular stabilization strengthening
  - Closed kinetic chain stabilization drills
  - Progress isotonic dumbbell exercises: *patient must be able to elevate arm without scapular hiking before initiating isotonics: if unable then continue with humeral head stabilizing exercises.* Progress 1 pound/wk with max of 5 pounds based on progress.
    - Flexion to 90 degrees
    - Scaption to 90 degrees
    - Flexion/Horizontal Abduction (“T’s”): limit hor. abd. to scapular plane
  - Bicep/Tricep strengthening

### **Weeks 10 – 12:**

- Continue ROM and self-capsular stretching if necessary
- Strengthening:
  - High-speed isokinetics for ER/IR in neutral
  - Begin general shoulder strengthening with precautions:
    - Latissimus pulls with narrow grip and arms in front of body
    - Chest press with light dumbbells keeping elbows anterior to shoulder. Advise not to go past 90 degrees of shoulder horizontal adduction.
    - Machine rows without going past neutral shoulder.
- Initiate plyometric program (2 handed chest pass -> 2 handed chops -> 1 handed 90/90)
- Isokinetic testing in modified neutral position (60 & 180 deg/sec) for IR/ER @ 12 wks

## **Phase III – Advanced Strengthening Phase (Weeks 12 – 16)**

### **Goals:**

- Maintain full, non-painful ROM
- Improve shoulder complex strength
- Improve neuromuscular control
- Gradual return to functional activities

**Weeks 12 – 16:**

- Continue flexibility, strength, stabilization and plyometric exercises
- Initiate interval sport program

**Phase IV – Return to Activity Phase (Weeks 16 – 24)****Goals:**

- Maintain shoulder ROM, strength and neuromuscular control
- Gradual return to recreational sport activities
- Gradual return to strenuous occupational activities

**Weeks 16 – 24:**

- Continue flexibility, strength, stabilization and plyometric exercises
- Continue with interval sport program and progress to return to play when released

**Criteria for return to play:**

- Physician approval
- Full, non-painful ROM
- Satisfactory strength test
- Satisfactory clinical exam
- Satisfactory completion of interval sport program