

## **TYPE II ROTATOR CUFF REPAIR (1CM ≤ 5 CM) ARTHROSCOPIC**

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

#### **Goals:**

- Maintain integrity of repair
- Gradual increase in PROM
- Gradual increase in shoulder strength while respecting repair
- Decrease pain and inflammation

#### **Precautions:**

- No lifting of objects
- No excessive shoulder extension, stretching or sudden movements
- No supporting of body weight on hands

#### **Weeks 0 – 3:**

- Sling or brace (determined by physician) for 5 weeks
- AROM: Perform elbow/hand/wrist/scapulothoracic AROM to tolerance
- Codman's Pendulums start at 3 weeks post-op

#### **Weeks 3 – 5:**

- Discharge sling at 5 weeks (unless specified by MD)
- PROM/AAROM:
  - Pendulums
  - Flexion to 115°
  - ER to 45 degrees in scapular plane
  - IR to 20 degrees in scapular plane
- Strengthening:
  - Sub-maximal/pain-free isometrics (all with bent elbow):
    - Flexion
    - Abduction
    - ER/IR
    - Extension
- Elbow Flexion/Extension strengthening
- Pain-control modalities



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### **Weeks 5 - 6 post-op**

- PROM/AAROM:
  - Flexion to 145 degrees
  - ER to 60 degrees in scapular plane
  - IR to 40 degrees in scapular plane
- Pain control modalities

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

#### **Goals:**

- Full, non-painful A/PROM (week 10)
- Gradual improvement of strength and power
- Gradual return to light functional activities

#### **Weeks 6 – 12:**

- Progress to full AAROM/PROM
- Strengthening:
  - Progress to ER/IR 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
    - ER/IR in side lying
    - Prone rows
    - Prone horizontal abduction
    - Bicep/Tricep strengthening
    - Initiate isokinetic high-speeds for ER/IR in neutral at 8 weeks post-op
    - Isokinetic strength test at neutral for IR/ER at 60 deg/s and 180 deg/s at 12 weeks post-op

### **Phase III – Advanced Strengthening Phase (12 – 20 weeks post-op)**

#### **Goals:**

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

#### **Weeks 13 – 20:**

- Maintain PROM, AAROM and AROM
- Initiate self capsular stretches if shoulder is tight
- 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  
Machine rows without going past neutral shoulder

- Initiate plyometric program (2 handed chest pass -> 2 handed chops -> 1 handed 90/90) at 16 weeks

## **Phase IV – Return to Activity Phase (21 – 28 weeks post-op)**

### **Goals:**

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

### **Weeks 20 – 24:**

- Continue flexibility, strength, stabilization and plyometric exercises
- Isokinetic strength test for ER/IR in neutral at 60°/ sec, 180°/ sec, and 300°/sec
- Initiate interval sport program

### **Weeks 24 – 28:**

- 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
- Satisfactory ROM
- Satisfactory strength test
- Satisfactory clinical exam
- Satisfactory completion of interval sport program