

Arthroscopic Rotator Cuff Repair

Name: _____ DOS: _____
 Dr. Frank _____ DX: _____

• Do exercise for that week

Week

	Phase I Maximal Protection Passive Range of Motion (PROM)	1	2	3	4	5	6	7	8	9	10	13	17	21	25
ROM	DATE														
Restrictions	Scapular Retraction-Depression	•	•	•	•	•	•								
FE:	Cervical ROM Exercises	•	•	•	•	•	•								
ER:	Elbow/Hand/Wrist ROM	•	•	•	•	•	•								
IR: to belly	Pendulums			•	•	•	•								
ABD:	Aqua Therapy for Gentle AAROM					•	•								
Full PROM at 4 wks	Ankle Pumps to prevent DVT's	•	•	•	•	•	•								
Begin full AROM: 6 weeks	Passive ROM														
	External Rotation				30	•	•	•	•	•		Continue PROM until full ROM is achieved.			
	Forward Elevation & Scaption				120	•	•	•	•	•					
	Abduction				90	•	•	•	•	•		Begin Internal Rotation gently as this will stretch the rotator cuff repair.			
	Internal Rotation to Belt Line			•	•	•	•	•	•	•					
	Internal Rotation					•	•	•	•	•					
	Phase II-Minimal Protection Active Range of Motion (AROM)	1	2	3	4	5	6	7	8	9	10	13	17	21	25
	Active Assist ROM														
	Internal & External Rotation						•								
	Forward Elevation & Scaption						•								
	Isometrics-Light														
	Internal/External Rotation						•	•	•						
	Biceps/Triceps**						•	•	•						
	Active ROM														
	Sidelying External Rotation						•	•	•	•	•	•	•		
	Forward Elevation & Scaption (lawn chair progression)						•	•	•	•	•	•	•		
	Salutes (lawn chair progression)						•	•	•	•	•	•	•		
	Prone Horizontal Abduction w/ ER							•	•	•	•	•	•		
	Prone Lower Traps to 60							•	•	•	•	•	•		
	Prone Extensions with ER							•	•	•	•	•	•		
	Open Chain Proprioception							•	•	•	•	•	•		
	Low Load Prolonged Stretches														
	Door Jam Series							•	•	•	•	•	•	•	•
	Towel Internal Rotation							•	•	•	•	•	•	•	•
	Cross Arm Stretch							•	•	•	•	•	•	•	•
	Sleeper Stretch							•	•	•	•	•	•	•	•
	TV Watching Stretch					•	•	•	•	•	•	•	•	•	•
	90/90 External Rotation Stretch							•	•	•	•	•	•	•	•
	Activities of Daily Living (ADL's)	1	2	3	4	5	6	7	8	9	10	13	17	21	25
	Eating/Drinking(Elbow motion ok)							•	•	•	•	•	•	•	•
	Dressing							•	•	•	•	•	•	•	•
	Washing/Showering							•	•	•	•	•	•	•	•
	Computer with supported arm	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	Driving				•	•	•	•	•	•	•	•	•	•	•
	Lifting up to 5 lbs.						•	•	•	•	•	•	•	•	•
	Overhead Activity							•	•	•	•	•	•	•	•
	Lifting greater than 5 lbs.							•	•	•	•	•	•	•	•

The intent of this protocol is to provide guidelines for progression of rehab. It is by no means intended to serve as a substitute for clinical decision making. Progression through each phase of rehab is based on clinical criteria and time frames as appropriate. It is important that each phase of rehab is mastered prior to initiating the next phase to insure proper healing of repaired tissues. Contact the staff at HHSMC for assistance in progressing as needed.