Park City: 2200 Park Ave. Bldg D. Suite 100 Park City, Ut 84060

Old Mill Medical Center: 6360 So. 3000 East, Suite 210 Salt Lake City, UT 84121



Eric Heiden, MD Karen Heiden, MD Corbett Winegar, MD Jason Dickerson, DPM Lindsey Marshall, PA-C

Phone: 435-615-8822

ERIC HEIDEN M.D.

ARTHROSCOPIC ROTATOR CUFF REPAIR REHABILITATION PROTOCOL

	RANGE OF MOTION	IMMOBILIZER	THERAPEUTIC EXERCISE***
PHASE I 0-4 weeks	Passive range only to tolerance - maintain elbow at or anterior to mid-axillary line while supine, limit internal rotation at 90° to 40° and behind back to T12	Sling with supporting abduction pillow to be worn at all times except for hygiene and therapeutic exercise	Codman's, elbow/wrist/hand ROM, grip strengthening, isometric scapular stabilization
PHASE II 4-8 weeks	4-6 weeks: Gentle passive stretch to 160° of forward flexion, 60° external rotation at side, and abduction to 60-80°; increase internal rotation gently at 90° to 60° and behind back to T7-T8 6-8 weeks: increase ROM to tolerance	None	4-6 weeks: begin gentle active- assisted/active exercises, begin gentle joint mobilizations (grades I and II), continue with phase I exercises 6-8 weeks: begin active exercises, begin deltoid and biceps* strengthening
PHASE III 8-12 weeks	Progress to full motion without discomfort	None	Continue with scapular strengthening, progress exercises in phase II, begin internal/external rotation isometrics, stretch posterior capsule when arm is warmed-up
PHASE IV 12 weeks – 5 months	Full without discomfort	None	Advance exercises in phase III, begin sport-specific activities, maintain flexibility, increase velocity of motion, return to sport-specific activities**

^{*}If biceps tenodesis is concomitantly performed, NO biceps strengthening until 6 weeks post-operative

NOTE: For mini-open repairs, same protocol is followed

^{**}If approved by physician

^{***}For larger tears, active exercise will not be allowed for 6 weeks