

Alexander E. Weber, MD
 Sports Medicine Surgery
 Team Physician USC Athletics and LA Kings
Appointments: 855-SC-SPORT
Office: 818-658-5921
Cellular: 518-928-8389
Email: weberae@usc.edu
Website: www.AlexWeberMD.com



ARTHROSCOPIC ROTATOR CUFF REPAIR REHABILITATION PROTOCOL

	RANGE OF MOTION	IMMOBILIZER	EXERCISES
PHASE I 0-4 weeks	0-2 weeks: None 2-4 weeks: begin PROM Limit 90° flexion, 45° ER, 20° extension, 45° abduction, 45° ABER	0-2 weeks: Immobilized at all times day and night Off for hygiene and gentle home exercise according to instruction sheets 2-4 weeks: Worn daytime only	0-2 weeks: Elbow/wrist ROM, grip strengthening and pendulums at home only 2-4 weeks: Begin PROM to ER to 45° Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule and extension Closed chain scapula
PHASE II 4-12 weeks*	Begin active/active- assisted ROM Advance to 140° FE, 135° abduction, 90° ABER, 45° ABIR	None	Continue Phase I work; begin active- assisted exercises, deltoid/rotator cuff isometrics at 8 weeks Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff**
PHASE III 12-16 weeks	Gradual return to full AROM	None	Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization Begin muscle endurance activities (upper body ergometer) Cycling/running as tolerated at 12 weeks
PHASE IV 4- 6 months***	Full and pain-free	None	Aggressive scapular stabilization and eccentric strengthening; scapular perturbation Begin plyometric and throwing/racquet program, continue with endurance activities Maintain ROM and flexibility
PHASE V 6-8 months	Full and pain-free	None	Progress Phase IV activities, return to full activity as tolerated

*If a distal clavicle excision is performed, horizontal adduction is restricted for 8 weeks post-op

**If a biceps tenodesis is performed, avoid active flexion of biceps and eccentric loads on biceps for 6 weeks post-op

***Limited return to sports activities during Phase IV if cleared by surgeon