



SPORTS MEDICINE & SHOULDER ARTHROSCOPY PROTOCOL

Arthroscopic Rotator Cuff Repair

Clinical Rationale & Pathophysiology: Applies to arthroscopic repair of supraspinatus, infraspinatus, and/or subscapularis tears. Cellular tendon-to-bone biology requires uninterrupted initial 6-week healing window before active mechanical loading.

CRITICAL PRECAUTIONS & IMMOBILIZATION RULES

- Sling with abduction wedge worn 24/7 for 6 weeks, except prescribed exercises.
- STRICTLY NO ACTIVE SHOULDER MOTION for 6 weeks. No reaching, lifting, pushing, or pulling.
- Avoid aggressive passive external rotation if subscapularis was repaired.
- Ice / cryocuff 20 minutes every 2-3 hours post-op for pain control.

Phase I: Passive Protection Phase (Weeks 0 - 6)

Rehabilitation Goals & Milestones	Therapeutic Interventions & Exercise Progression
<ul style="list-style-type: none">• Protect structural integrity of suture anchor footprint• Maintain glenohumeral and scapulothoracic compliance• Eliminate compensatory upper trapezius spasm	<ul style="list-style-type: none">• Sling immobilization with abduction support• PROM forward flexion in scapular plane to 120° by week 4, 140° by week 6• PROM external rotation to 30°-45° (in 30° abduction)• Pendulum exercises (Codman) perform in small circles• Active cervical, elbow, wrist, and hand mobility

Phase II: Active-Assisted to Active ROM (Weeks 6 - 12)

Rehabilitation Goals & Milestones	Therapeutic Interventions & Exercise Progression
<ul style="list-style-type: none">• Discontinue sling completely at 6 weeks• Attain full active-assisted and active ROM by week 10-12• Re-educate periscapular stabilizers	<ul style="list-style-type: none">• AAROM using pulleys, cane, wand in supine progressing to standing• Hydrotherapy / pool exercises if incisions healed• Prone scapular series: I, T, Y, W without weights• Submaximal rhythmic stabilization and rotator cuff isometrics• Transition to full active unassisted overhead reach

Phase III: Progressive Resistance & Neuromuscular Training (Weeks 12 - 18)

Rehabilitation Goals & Milestones	Therapeutic Interventions & Exercise Progression
<ul style="list-style-type: none">• Achieve full pain-free AROM in all anatomical planes• Progress rotator cuff and scapular strength (>75% contralateral)• Restore dynamic glenohumeral stability	<ul style="list-style-type: none">• Theraband resistance exercises: ER, IR, forward punch, scaption• Biceps, triceps, latissimus dorsi light dumbbell resistance (1-3 lbs)• Closed kinetic chain exercises: wall pushups, quadruped rocking• Eccentric posterior cuff deceleration drills

Phase IV: Return to High Demand & Sport (Weeks 18 - 26)

Rehabilitation Goals & Milestones	Therapeutic Interventions & Exercise Progression
<ul style="list-style-type: none">• Restore sport-specific neuromuscular coordination and power• Limb symmetry index >90% on functional strength testing• Full clearance for overhead sports, tennis, swimming, and golf	<ul style="list-style-type: none">• Interval return-to-sport throwing / swinging program• Plyometric medicine ball chest passes, overhead tosses• Advanced dynamic stability drills (body blade, perturbations)• Discharge to comprehensive home maintenance program