

## **PROTOCOL FOR ARTHROSCOPIC REPAIR OF THE ROTATOR CUFF**

### **AIMS FOR THE PROTECTIVE PHASE 0 - 6 WEEKS**

- Protect the repair
- Prevent the negative effects of immobilisation
- Diminish pain and inflammation

#### **Inpatient**

- Sling to be worn for 6 weeks (unless stated otherwise) and removed only for washing and dressing and exercising.
- Elbow wrist and hand movements
- Assisted flexion to 90°, e.g. table slides
- Scapular setting and posture correction in the sling

### **AIMS FOR THE INTERMEDIATE PHASE - 6-12 WEEKS**

- Regain full pain free active ROM
- Promote dynamic stability of the scapular and glenohumeral joint through full ROM
- Correct movement patterns throughout ROM
- Improve proprioception

#### **6-12 weeks**

- Wean off the sling at 6 weeks (unless stated otherwise)
- Active-assisted exercises progressing to active exercises by 8 weeks
- Progress scapular control throughout ROM
- Include kinetic chain/core stability exercise as appropriate
- Commence closed chain rotator cuff rehabilitation, e.g. 4 point kneeling, wall slides etc
- Correct abnormal movement pattern
- Check posterior capsule extensibility

### **AIMS FOR THE FINAL PHASE – 12+ WEEKS**

- Restore power, strength and endurance.
- Function specific end range stability.
- Ensure full active ROM into combined positions.
- Ensure good posture.

#### **12+ weeks**

- Commence open chain strengthening
- Continue capsular stretches as required.
- Kinetic chain exercises for good movement pattern.
- Emphasise correction of movement pattern in ADL's.
- Commence combined resisted abduction and lateral rotation.
- Commence more advanced rotator cuff rehabilitation relating to work/sport activities.

## REFERENCES

Denard et al 2011

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A systematic literature review of the resistance exercises that promote maximal muscle activity of the rotator cuff in normal shoulders. Shoulder and elbow surgery. 2013 5, pp120-135

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