



## **Arthroscopic Rotator Cuff Repair Rehabilitation Protocol**



Arthroscopic rotator cuff repair is a minimally invasive surgery to reattach torn tendons in the shoulder. The procedure uses small incisions and a camera (arthroscope) to guide instruments. Recovery involves a structured rehabilitation process to restore mobility, strength, and function while protecting the repaired tendon.

### **Rehabilitation Goals**

- Protect the surgical repair
- Gradually restore shoulder range of motion (ROM)
- Reduce pain and inflammation
- Restore strength and functional use of the arm
- Return to daily and athletic activities safely



## **Expected Recovery Time**

<b>Milestone</b>	<b>Timeframe</b>
Sling use	4–6 weeks
Passive range of motion (PROM)	0–6 weeks
Active range of motion (AROM)	6–10 weeks
Light strengthening	10–12 weeks
Return to daily activities	12–16 weeks
Return to sports/heavy lifting	5–6 months

## **Phase 1: Early Post-op (0–2 weeks)**

### **Goals:**

- Protect the repair
- Manage pain and swelling
- Prevent stiffness in adjacent joints

### **Instructions:**

- Wear the sling at all times, including during sleep, unless otherwise advised.
- Apply ice for 15–20 minutes several times a day to manage pain and swelling.
- Keep the incision clean and dry. Do not submerge in water.
- Begin prescribed hand, wrist, and elbow movements immediately to prevent stiffness.

### **Exercises:**

- Hand squeezes with a soft ball (10 reps, 3–5 times/day)
- Wrist flexion/extension and elbow range of motion (3 sets of 10)
- Shoulder blade pinches (scapular retractions) without moving the shoulder
- Pendulum exercises (small, passive circular arm motions)



## **Phase 2: Passive Range of Motion (2–6 weeks)**

### **Goals:**

- Continue protecting the repair
- Maintain full passive motion without straining the shoulder
- Reduce pain and inflammation

### **Instructions:**

- Continue sling use until cleared by the surgeon
- Avoid active shoulder use
- Ice as needed for comfort

### **Exercises:**

- Supine passive forward elevation (with assistance)
- External rotation with a stick or therapist
- Table slides or wall crawls (passive, not active reaching)
- Continue elbow/wrist/hand ROM

## **Phase 3: Active Range of Motion (6–10 weeks)**

### **Goals:**

- Gradually regain active shoulder movement
- Normalize shoulder mechanics
- Avoid excessive strain on the healing tendon

### **Instructions:**

- Discontinue sling use
- Avoid lifting, pushing, or pulling heavy objects
- No sudden or jerky arm movements

### **Exercises:**

- Active-assisted ROM progressing to active ROM (e.g., pulleys, wand exercises)
- Wall climbing (forward and lateral)
- Shoulder isometrics (if cleared)
- Scapular stabilization exercises



## **Phase 4: Strengthening (10–16 weeks)**

### **Goals:**

- Improve shoulder strength and endurance
- Enhance scapular and rotator cuff control
- Progress toward full functional use

### **Instructions:**

- Use light resistance only, such as resistance bands or light weights
- Progress slowly and under supervision if possible

### **Exercises:**

- Theraband external/internal rotation
- Theraband rows
- Biceps curls and triceps extensions
- Prone horizontal abduction and scapular retraction

## **Phase 5: Return to Activity (4–6 months)**

### **Goals:**

- Restore full shoulder strength and motion
- Return to work, sport, or other functional activities safely

### **Instructions:**

- Resume sport-specific or work-specific tasks under guidance
- Ensure proper warm-up and post-activity stretches

### **Exercises:**

- Advanced resistance training
- Plyometrics (e.g., wall throws, rebounder)
- Functional drills (based on lifestyle/sport)
- Stretching to maintain full ROM



## **When to Contact Your Surgeon**

- Increased redness, swelling, or warmth around the incision
- Fever over 38°C
- Sudden increase in pain or loss of shoulder motion
- Clicking, catching, or instability in the shoulder
- Signs of infection (drainage, foul odour)

## **Disclaimer**

Note: This is a general guideline. Your physiotherapist or surgeon may adjust the protocol based on your specific condition and progress.