

**Type Two Rotator Cuff Repair**  
**Arthroscopic Assisted – (Greater than 1 cm, less than 5 cm)**  
**Rehabilitation Protocol**  
Chase D. Smith, MD

**Biceps Tenotomy/Tenodesis Precautions**

- No active biceps x 8 weeks
- No heavy lifting or jerking

**Phase I - Immediate Post-Surgical Phase (Day 1-10)**

**Goals:** Maintain Integrity of the Repair  
Gradually Increase Passive Range of Motion  
Diminish Pain and Inflammation  
Prevent Muscular Inhibition  
Passive motion only – DO NOT let arm drop completely to the side for 4 weeks

**Avoid overhead movement/lifting for 6 weeks**

**Day One to Six:**

- Abduction Brace for 4 weeks
- Pendulum Exercises 4-8x daily (flexion, circles)
- Active Assisted ROM Exercise (L-Bar)
  - ER/IR in Scapular Plane
- Passive ROM
  - Flexion to tolerance
  - ER/IR in Scapular Plane
- Elbow/Hand Gripping & ROM Exercises
- Submaximal Pain-free Isometrics
  - Flexion
  - Abduction
  - External Rotation
  - Internal Rotation
  - Elbow Flexors
- Cryotherapy for Pain and Inflammation
  - Ice 15-20 minutes every hour
- Sleeping
  - Sleep in Abduction Brace for 4 weeks

**Day Seven to Ten:**

- Continue Pendulum Exercises
  - Progress Passive ROM to Tolerance
    - Flexion to at least 105 degrees
    - ER in Scapular Plane to 35-45 degrees
    - IR in Scapular Plane to 35-45 degrees
  - Active Assisted ROM Exercises (L-bar)
    - ER/IR in Scapular Plane
    - Flexion to Tolerance\*
- \*Therapist Provides Assistance by Supporting Arm
- Continue Elbow/Hand ROM & Gripping Exercises
  - Continue Isometrics

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- Flexion with Bent Elbow
  - Extension with Bent Elbow
  - Abduction with Bent Elbow
  - ER/IR with Arm in Scapular Plane
  - Elbow Flexion
- Continue Use of Ice for Pain Control
    - Use Ice at least 6-7 times daily
  - Sleeping
    - Continue Sleeping in Brace until Physician Instructs (usually 4 weeks)

**Precautions:**

1. No Lifting of Objects
2. No Excessive Shoulder Extension
3. No Excessive Stretching or Sudden Movements
4. No Supporting of Body Weight by Hands
5. Keep Incision Clean & Dry

**Phase II - Protection Phase (Day 11 – Week 6)**

**Goals:** Allow Healing of Soft Tissue  
Do Not Overstress Healing Tissue  
Gradually Restore Full Passive ROM (Week 4-5)  
Re-Establish Dynamic Shoulder Stability  
Decrease Pain & Inflammation

**Day 11 – 14:**

- Passive Range of Motion to Tolerance
  - Flexion 0-125/145 degrees
  - ER at 90 degrees abduction to at least 45 degrees
  - IR at 90 degrees abduction to at least 45 degrees
- Active Assisted ROM to Tolerance
  - Flexion
  - ER/IR in Scapular Plane
  - ER/IR at 90 degrees Abduction
- Dynamic Stabilization Drills
  - Rhythmic Stabilization Drills
    - ER/IR in Scapular Plane
    - Flexion/Extension at 100 degrees Flexion
- Continue All Isometric Contractions
- Continue Use of Cryotherapy as needed
- Continue All Precautions

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**Week 3 - 4:**

- Discontinue use of brace at week 4
- Patient should exhibit full passive range of motion
- Continue all exercises listed above
- Initiate ER/IR strengthening using exercise tubing at 0 degrees of abduction
- Initiate Manual Resistance ER Supine in Scapular Plane
- Initiate Prone Rowing to Neutral arm Position
- Initiate Isotonic Elbow Flexion
- Continue use of ice as needed
- May use heat prior to ROM exercises
- May use pool for light ROM exercises

**Week 5 – 6:**

- May use heat prior to exercises
- Continue AAROM and Stretching exercises
- Initiate Active ROM Exercises
  - Shoulder Flexion Scapular Plane
  - Shoulder Abduction
- Progress Isotonic Strengthening Exercise Program
  - ER Tubing
  - Side-lying ER
  - Prone Rowing
  - Prone Horizontal Abduction
  - Biceps Curls

**Precautions:**

1. No Heavy Lifting of Objects
2. No excessive behind the back movements
3. No Supporting of Body Weight by Hands & Arms
4. No Sudden Jerking Motions
5. No lifting overhead
6. Progress 1 lb. per week

**Phase III – Intermediate Phase (Week 7-14)**

**Goals:** Full Active ROM (Week 8-10)

Full Passive ROM

Dynamic Shoulder Stability

Gradual Restoration of Shoulder Strength & Power

Gradual Return to Functional Activities

**Week 7:**

- Continue Stretching & PROM (as needed to maintain full ROM)
- Continue Dynamic Stabilization Drills
- Progress Strengthening Program
  - ER/IR Tubing

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- ER Side-lying
- Lateral Raises\*
- Full Can in Scapular Plane\*
- Prone Rowing
- Prone Horizontal Abduction
- Prone Extension
- Elbow Flexion
- Elbow Extension

\*Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue glenohumeral dynamic stabilization exercises.

**Week 8:**

- Continue all exercise listed above
- If physician permits, may initiate Light functional activities

**Week 14:**

- Continue all exercise listed above
- Progress to Independent Home Exercise Program (Fundamental Shoulder Exercises)

**Phase IV – Advanced Strengthening Phase (Week 15 - 22)**

Goals: Maintain Full Non-Painful ROM  
Enhance Functional Use of UE  
Improve Muscular Strengthen & Power  
Gradual Return to Functional Activities

**Week 15:**

- Continue ROM & Stretching to maintain full ROM
- Self Capsular Stretches
- Progress Shoulder Strengthening Exercises
  - Fundamental Shoulder Exercises
- Initiate Interval Golf Program (if appropriate)

**Week 20:**

- Continue all exercises listed above
- Progress Golf Program to playing golf (if appropriate)
- Initiate Interval Tennis Program (if appropriate)
- May Initiate Swimming

**V. Phase V – Return to Activity Phase (Week 23 - 30)**

Goals: Gradual Return to Strenuous Work Activities  
Gradual Return to Recreational Sport Activities

**Week 23:**

- Continue Fundamental Shoulder Exercise Program (at least 4 times weekly)
- Continue Stretching, if motion is tight
  - Continue Progression to Sport Participation