

Arthroscopic-Rotator Cuff Reconstruction Level I-Small

Level I= Small repair usually < 2 cm

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General Considerations:

Continually monitor for signs of infection. Encourage Icing Program

Consider patient age and tissue quality (bump up on level for elderly/poor tissue)

Monitor patient for signs of Adhesive Capsulitis

****If Subscapularis Repair-Treat per Open Bankart repair/bump up one level (Full F, Abd as tol, No ER, No active IR)**

Time Frame	Treatment	Goals
Post-Op Day		
Phase I 0-3 weeks	Do not lift arm against gravity. No resistive activities against repair (Subscapularis repair-no resistance IR) (Supra/infra repair-No abduction or flexion) HEP: AROM to hand, wrist and elbow; Codman's Pendulum exercises per patient tolerance. Gentle Shoulder Isometrics; Scapular AROM (Scapular Protraction/Retraction, Elevation/Depression) PROM-AAROM Flexion, External rotation, Abduction See 2-3x weekly.	Promote optimal healing of tissue. Pain free at rest 125 degree Scaption Rotator Cuff activation External Rotation to tolerance but try to progress quickly to 90 degrees.
Phase II 3-6 weeks	Start AROM all motions then start light PRE's PROM Flexion, External Rotation, Abduction toward full ROM Scapular and trap work with light resistance. RC and Deltoid exercises with light resistance.	165 degree Scaption 90 Degree External Rotation 90-100 Degree Abduction RC and Deltoid at 4/5
Phase III 6-12 weeks	Progress PROM to full ROM Progress PRE's Stability exercises as tolerated. See 1-3 x weekly.	Full ROM 5/5 Strength
Phase IV 12-24 weeks post-surgery	Sport/Activity specific exercise program. See in clinic as needed. Provide patient with independent EP for further RC/Shoulder Needs.	Return to Full Activity.