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## **Post-Operative Protocol: Arthroscopic Rotator Cuff Repair**

**Dx: (L) / (R) Shoulder Arthroscopic Rotator Cuff Repair / Sub-Acromial Decompression /**

**Biceps Tenodesis - Tenotomy**

### **PHASE 1: Initial Postop Period: WEEKS 0 - 4**

• **Goals:**

- ▶ Maintain repair integrity
- ▶ Decrease pain & inflammation
- ▶ Gradually increase PROM
- ▶ Become independent with modified ADLs

- Sling x 6 wks post-op; ***Critical to emphasize to patient that no active motion is allowed until 6 wks***

- Gentle passive supine forward elevation using the opposite hand. Passive ER to 20° with broom handle;

**No active External Rotation. No Internal Rotation.**

- Modalities, cryocuff, prn → Pts are instructed to ice or use cryo-cuff 30 min 4-5x / day for first 10-14 days after surgery
- Pendulum exercises; Hand, wrist, elbow, PRE's; Deltoid isometrics
- First 4-6 weeks is home program-based; visits are 1-2x/week until week 6, then 2x-3x / week
- Pulley exercises incorporated at week 4, pending 110° of pain-free passive forward elevation, as tolerated.

Use cane for ER; towel to increase IR.

### **PHASE 2: Motion Period: WEEKS 5 - 8**

• **Goals:**

- ▶ Maintain repair integrity
- ▶ Full motion by week 8-11
- ▶ Decrease pain & inflammation
- Passive Supine ROM emphasizing Forward Elevation, Abduction, & External Rotation
- Begin scapular strengthening program, in protective range
- Re-establish normal scapulohumeral rhythm & full glenohumeral motion

### **PHASE 3: Advanced Motion & Early Strengthening Period: WKS 9 - 15**

- **Goals:**
  - ▶ Preserve Motion
  - ▶ Gradually increase ROM & strength
  - ▶ Decrease pain & inflammation
  - ▶ Restore Scapulo-thoracic Rhythm
- Passive Supine ROM progressing to AAROM & AROM using weight of arm only, pain-free arc only.
- AROM, AAROM for all shoulder exercises in impingement protocol.

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- Only use 2 ounces to one pound weights; Start 20 repetitions with no weight.
- Patient should experience only minimal pain with exercises or later in day.
- Advance to 40 repetitions without weight; then, increase weight by 2-4 ounces as tolerated but decrease repetitions back to 20 & slowly increase as tolerated to 40 repetitions.
- Advance process as tolerated with increasing weight but do not exceed 1 ½ lbs.
- Advance scapular strengthening program in protective range
- Re-establish normal scapulohumeral rhythm, maintain full glenohumeral motion

**PHASE 4: Advanced Motion Period: WEEKS 16 - 24**

- Progress on rotator cuff exercises up to 2-3 lb. weight limit.
- Re-establish normal scapulohumeral rhythm, maintain full glenohumeral motion
- ROM activities, emphasize flexion. Gentle passive stretch to tolerance forward flexion & external rotation
- Deltoid isotonics in plane of scapula, only after positive rotator cuff strength determined (esp. forward flexion)
- Progress Rotator cuff isotonics; Begin Theraband IR / ER week 16; Begin Biceps PREs'
- Continue with aggressive peri-scapular strengthening exercises (rhomboids, serratus, latissimus, teres)
- Begin Upper Extremity PRE's for large muscle groups at 20 weeks, i.e. pecs, lats, etc.
- Begin isokinetic program at 20 weeks, IR / ER emphasize eccentrics; flexibility activities; modalities, prn.
- Goals:       ▶ Return to work & sports without limits at 6 months post operatively.
- ▶ Full AROM to pre-set limits
- ▶ Emphasize Home Program: 7 days / wk for stretching/ice  
5 days / wk for strengthening

**Please send progress notes**

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Physician: J.R. Rudzki, M.D.

Signature: \_\_\_\_\_

