



Arthroscopic Tier 3 Rotator Cuff Repair
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	PRECAUTIONS	ROM	EXERCISES
Phase 1: 0-3 weeks HEP only	Sling with bolster at all times except hygiene No use of the arm No driving	No shoulder motion	AROM of the neck, hand/grip, wrist, and elbow **avoid active elbow flexion x 4-6 weeks if biceps tenodesis or tenotomy. Perform active-assisted elbow motion instead**
Phase 2: 3-8 weeks Formal therapy to begin 2-3 weeks post-op, 2-3x/week	Sling with bolster at all times through week 6 Can D/C bolster by week 6 Can D/C sling by week 8 MD will determine driving 1# ADL restriction	Gentle PROM in scapular plane It is passive motion, NOT STRETCHING ER to 30 Flexion to 100 IR 30.	provide gentle passive shoulder range of motion Wrist (supported) PRE's with light weight; Elbow AROM; Grip Supine wand External rotation PROM (if no subscapularis repair) Scapular Isometrics Codman's pendulum exercises 3 x/day
Phase 3: 8-10 weeks 2x/week	Sling for comfort	Full PROM in all planes Gentle Joint mobs as needed Begin AAROM, without upper trap hiking	Active-assisted range of motion: Pulleys, supine wand flexion; "wand-ranger" to 90°; wall crawl UBE - No resistance Begin submaximal shoulder isometrics for IR/ER/Ext. Elbow PRE's (arm at side) Scapular stabilization exercises
Phase 4: 10-16 weeks 1-2x/week		Begin AROM, without upper trap hiking Perform stretching for full PROM	standing wand flexion/abduction Sidelying AROM: ER and Abduction LIGHT Short lever isotonic IR/ER (cable, theraband) Prone Scapular "I", "T", "Y" Do not push active motion through shoulder shrug sign
Phase 5: 16-24 weeks	MD will determine weight restrictions	Full AROM around 4-5 months	Begin Long-lever strengthening, wall push-ups, HEP Increase resistance as indicated Continue stretching
6-8 months and beyond	MD will determine activity restrictions		Continue gross strengthening Functional activities Work-specific tasks and strengthening

MD post-op appts: 2 weeks, 6 weeks, 12 weeks, 5 months. Please send PT progress notes prior to each one. This protocol is not a substitute for clinical decision making of the health care professional.
Please see PT referral for any specific post op instructions; Confirm the extent of the tendon repair prior to therapy! (biceps tenodesis, subscapularis, balloon spacers, etc.)