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**Arthroscopic Rotator Cuff Repair Rehab Protocol**

	<b>Range of Motion</b>	<b>Immobilizer</b>	<b>Exercises</b>
<b>Phase I</b> 0-4 weeks	<b>0-2 weeks:</b> None <b>2-4 weeks:</b> begin PROM Limit 90° flexion, 45° ER, 20° extension, 45° abduction, 45° ABER	Immobilized at all times day and night  Off for hygiene and gentle home exercise according to instruction sheets	<b>0-2 weeks:</b> Elbow/wrist ROM, grip strengthening and pendulums at home only <b>2-4 weeks:</b> Begin PROM to ER to 45° Codman’s, posterior capsule mobilizations Closed chain scapula
<b>Phase II</b> 4-12 weeks	Begin active/active-assisted ROM Advance to 140° FE, 135° abduction, 90° ABER, 45° ABIR	<b>4-6 weeks:</b> Worn daytime only	Begin active-assisted exercises, deltoid/rotator cuff isometrics at 8 weeks Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff
<b>Phase III</b> 12-16 weeks	Gradual return to full AROM	None	Emphasize external rotation and latissimus eccentrics, glenohumeral stabilization Begin muscle endurance activities (upper body ergometer) Cycling/running as tolerated at 12 weeks
<b>Phase IV</b> 4-6 months	Full and pain-free	None	Aggressive scapular stabilization and eccentric strengthening; scapular perturbation Begin plyometric and throwing/racquet program
<b>Phase V</b> 6-8 months	Full and pain-free	None	Return to full activity as tolerated

Amendments to Protocol for Concomitant Procedures

- Biceps Tenodesis:** Weeks 0-4: Avoid terminal elbow extension and resisted elbow flexion. Gentle mid-arc AROM OK → Weeks 2: Begin biceps isometrics → Weeks 8+: Begin biceps resistance training.
- Subscap repair:** Weeks 0-4: no ER>0°, no active IR → Weeks 4-6 no ER>30°, FF>90°, or extension>20° → Weeks 6-12: begin active IR. → Weeks 12+: begin resisted IR.
- Massive Rotator Cuff Repair:** Weeks 0-4: sling → Week 4-6: start pendulums → Week 6+: Initiate supine P/AAROM to 120 degrees. → Defer strengthening until 4mo postop\*\*\*Limited return to sports activities during Phase IV if cleared by surgeon