

Dr. John Berschback

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Patient _____
 D.O.S. _____

ARTHROSCOPIC ROTATOR CUFF REPAIR PROTOCOL ALL SIZES

PROTOCOL MAY CHANGE DEPENDING ON SIZE OF REPAIR

	WEEK 1-3 Begins on DOS	WEEK 4-5	WEEK 6-9	WEEK 10-12	WEEK 13+
PASSIVE SCAPTION	0-60°	0- 90°	As tolerated		
ACTIVE SCAPTION	None	Active Assistive	Active as tolerated, painfree, no compensation		
PASSIVE ER	0-20 (week 3)	As tolerated	As tolerated		
ACTIVE ER	None	Active Assistive	Active as tolerated, painfree, no compensation		
IMMOB/SLING	yes	yes	Wear, or per MD	no	
P.T. visits/week	1-3	2-3	2-3	2-3	2, weaning to 1
EXERCISES <ul style="list-style-type: none"> • PT visits/week may vary • Individual exercise progression may vary • Protect biceps with tendodesis 	AROM (Cervical, elbow, wrist and hand). Protect elbow flexion with biceps tenodesis for 4 weeks				
	PROM Scaption/Rotation				
		AAROM ER/Scaption	AROM (FLEX, ER, IR)		AROM (ABD)
	Passive Pendulums (minimal movement, no ≥ 60° scaption)				
	Joint mobilization, grade I/II to reduce pain.....advance or progress based on patient's need				
		Scapular retraction/depression Swiss ball	Progress Scapular exercises: resistive tubing, row, extension		
		Weight bearing in closed kinetic chain position, stand or sit	Isometrics (at 4-6 weeks) FLEX, EXT, ER, IR	Manual resistance and/or tubing/theraband, PRE's, small weights	Progress prone exercises, horiz abd, scaption, advance weights
		UBE			

**Any Questions, please contact:
 Northwoods Therapy Associates
 Altoona, WI (715) 839-9266
 Chippewa Falls, WI (715) 723-5060**

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