

Physical Therapy Protocol Rotator Cuff Repair: Large and Massive Tears

Patient Name: _____ Date: _____

Diagnosis: _____

Surgery: _____ Surgery Date: _____

If Subscapularis repair: Shoulder external rotation in scapular plane limited to 30° x 6 weeks

No shoulder external rotation at 90° abduction x6 weeks

No subscapularis/Internal Rotation strengthening x 12 weeks

Phase I - Protective Phase (Weeks 0 - 6)

Goals:

- Protect integrity of repair.
- No passive or active ROM for 6 weeks.
- Decrease pain and inflammation.
- Prevent muscular inhibition.

Precautions:

- Wear brace/sling at all times except when performing prescribed exercises + hygiene.
- No lifting of objects at all.
- No excessive shoulder extension or behind back motions.
- No sudden movements or stretching.
- No supporting of body weight or pushing up from sitting using operative arm.

Weeks 0 - 6:

- Sling/swathe for 6 weeks preferably with the abduction pillow.
- Perform elbow/hand/wrist ROM exercises.
- NO PASSIVE ROM (PROM) OF SHOULDER X 6 WEEKS except pendulums.
- NO STRENGTHENING at all.
- Pendulum exercises in pain-free range of motion starting at 2 weeks
- Pain control modalities (ice 15 - 20 minutes several times a day)

Phase II - Intermediate Phase (Weeks 7 - 12)

Goals:

- Gradually establish full Active and Passive ROM by 12 weeks.

Weeks 7 - 9:

- Discontinue brace and sling.
- Start PROM and Progress gently to full PROM with gentle stretching as needed.
- Upper extremity cycle.
- Active-assist ROM (AAROM):
 - Flexion to tolerance
 - ER/IR to tolerance in scapular plane
 - ER/IR to tolerance at 90° abduction
- Start Active ROM (AROM) at week 5 postop:
 - Scaption (weight of arm only).
- Encourage home exercises.

Weeks 10 -12:

- Maintain PROM/AAROM with gentle stretching if needed
- Progress AROM to full with weight of arm only.
 - Focus on achievement of proper form.
- Begin light functional activities (no overhead activities).
- Encourage home exercises.

Phase III - Advanced Strengthening Phase (13 - 20 Weeks)

Goals:

- Maintain full, non-painful ROM.
- Improve strength of general shoulder/periscapular musculature.
- Improve neuromuscular control.
- Gradual return to all functional activities.

Weeks 13-16:

- Maintain full PROM/AROM
- Perform self-capsular stretches if motion is tight.
- Strengthening:
 - Start with weight of arm and progress gradually with focus on achievement of proper form.
 - Rhythmic stabilization drills.
 - Tubing ER at 0° abduction working on endurance.
 - Tubing scapular strengthening to neutral working on endurance.
 - Isotonics (gradually progress resistance):
 - Flexion to 90° (no resistance until AROM is performed without hiking).
 - ER/IR in side lying.
 - Prone rows.
 - Prone horizontal abduction.
 - Biceps/triceps.

Weeks 16 - 20:

- Advanced Strengthening program (at 16 weeks or earlier if tolerated): Continue isotonic/tubing and stabilization strengthening.
 - Closed chain stabilization drills.

- High-speed isokinetics for ER/IR in neutral (16 weeks).
- Begin general shoulder strengthening with precautions (Gradual as tolerated):
 - Latissimus pulls with narrow grip and arms in front of body.
 - Chest press with light dumbbells keeping elbows anterior to shoulder.
 - Machine rows.
 - Military press with light dumbbells and arms in front only.

Phase IV -Return to Activity Phase (Weeks 21 - 26 and beyond)

Goals:

- Gradual return to recreational and occupational activities.
- Isokinetic strength test for ER/IR in neutral at 1 80°/ sec and 300°/sec.

Weeks 21 - 26:

- Continue all strengthening exercises.
- Continue all ROM/flexibility exercises
- Encourage to continue HEP.
- Plyometric program (2 handed → 1 handed).
- Begin interval sport program if appropriate.