ARTHROSCOPIC ROTATOR CUFF REPAIR
LARGE TO MASSIVE TEARS
POST-OP PROTOCOL

Craig L. Vosburgh, MD
Tallgrass Orthopedics & Sports Medicine
TALLGRASSORTHOPEDICS.COM

Patient Name:
Date of Surgery:

Formal physical therapy will usually start 4-5 weeks following surgery.

In general, patients are instructed that the first month is to allow healing, the second month is for stretching and the third/fourth months are for strengthening.

Phase 1 - Immediate Post-Surgical Phase - Weeks 0-2

Goals:
Maintain/protect integrity of the repair
Gradually increase Passive ROM (PROM)
Control and reduce pain and inflammation
Prevent muscular inhibition

Precautions:
Maintain arm in sling, remove only for exercises and bathing
Wear sling at night for sleeping
May lift small items (phone, book, plate…) with arm in sling
No excessive shoulder extension or motion behind back
No excessive stretching or sudden movements
No supporting of body weight by hands
Keep incision clean and dry

Days 1-14:
Wear sling during day and night
Elbow, wrist ROM, and hand gripping exercises
Pendulums - the arm should dangle and the muscles must be completely relaxed. Move the arm by rocking the body forward/back, side to side, or in a circle; NOT by moving the arm. Cryotherapy and E-stim PRN for pain and inflammation

**Phase II - Protection Phase - Weeks 2-6**

**Goals:**
Allow healing of soft tissue  
Do not overstress repair  
Gradually restore full PROM  
Decrease pain and inflammation

**Precautions:**
Maintain arm in sling  
May lift small items (phone, book, plate…) with arm in sling  
No excessive shoulder extension or behind the back movements  
No sudden jerking movements or excessive stretching  
BICEPS TENODESIS: no resisted elbow flexion/forearm supination for 6 weeks  
No supporting of body weight by hands

**Weeks 2-4:**
Start physical therapy  
Continue use of sling during day and night  
PROM (being sensitive to end feel and muscle guarding)  
   Flexion to 90º-100º, progressing by 10º-15º per week as patient tolerates  
   Scaption to 90º-100º  
   ER in scapular plane no greater than 30º  
   IR in scapular plane no greater than 30º  
Active assistive ROM (AAROM) exercise (L-bar or cane)  
   ER in scapular plane (painfree)  
Continue elbow, wrist ROM, and hand gripping exercises  
Pendulums  
Continue cryotherapy and E-stim PRN for pain and inflammation

**Weeks 4-6:**
Continue all exercises listed above  
Initiate active scapular elevation and retraction  
Initiate bent over rows to neutral and 4-point weight bearing for proprioception  
Initiate isotonic elbow flexion (if no biceps tenodesis)  
Continue cryotherapy and E-stim PRN  
May use heat prior to ROM exercises

**Phase III - Intermediate Phase - Weeks 6-12**
Goals:
Full PROM (weeks 8-10)
Achieve 50% of AROM
Progress rotator cuff and periscapular strength

Weeks 6-8:
Progress end range PROM flexion, scaption, abduction, ER as tolerated
AAROM exercise in supine (L-bar or cane)
   - ER/IR in scapular plane, progressing to 90° of abduction
   - Flexion to tolerance (therapist provides assistance by supporting UE, especially with lowering)
   - Pulleys-flexion and scaption
Initiate isometrics (submaximal and painfree)
   - Flexion with elbow flexed to 90°
   - Extension with elbow flexed to 90°
   - Abduction with elbow flexed to 90°
   - External rotation at neutral
   - Internal rotation at neutral
Initiate dynamic stabilization exercises
   - Rhythmic stabilization ER/IR at 45° of abduction
   - Flexion/extension at 100° of flexion
Initiate scapular stabilization exercises (serratus punches, scap squeezes, wall serratus push, seated push up)
Progress WB exercises to 3- and 2-point positions

Weeks 8-12:
Continue PROM and AAROM (as needed to achieve and maintain full ROM)
Continue all exercises listed above
Progress AAROM pulleys to abduction, then IR last
Initiate UBE (no resistance)
Initiate Active ROM (AROM)
   - Flexion and scaption to 90°, initially with elbows flexed to shorten lever arm
   - Prone rows, horizontal abduction, extension
Progress scapular stabilization exercises
Initiate ER/IR with tubing (use towel roll)

Phase IV - Strengthening Phase - Weeks 12-23

Goals:
Maintain full non-painful ROM
Demonstrate 85-100% of available ROM depending on tear
Increase muscular strength and power
Gradual return to functional activities

Weeks 12-16:  

Arthroscopic Rotator Cuff Repair (Large Tear)
Rehab Protocol
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Continue all exercises listed above
Progress strengthening program
  Progress ER strengthening in prone and standing at 45°
  Progress push up positions
  Body blade progressions
  CKC exercises on wobble board, airex, dyna disc, etc.
Therapist may initiate isotonic resistance (1 lb) during flexion and abduction
  ** If non-painful normal motion is exhibited
  Progress strengthening program (1 lb/10 days non-painful)

Weeks 16-23:
Continue ROM and stretching to maintain full ROM
Self-capsular stretching
Progress shoulder strengthening exercises
Initiate interval golf program (if appropriate)- week 15
Initiate interval tennis program (if appropriate)- week 20
May initiate swimming

**Phase V - Return to Activity Phase - Weeks 23-36**

**Goals:**
Gradual return to higher level work activities
Gradual return to recreational sport activities

**Weeks 23-36:**
Continue shoulder strengthening exercises (at least 4 times weekly)
Continue stretching, if motion is restricted
Continue progression to sport participation
Advanced plyometrics with medicine balls and assistive equipment
Work hardening, if appropriate

Even though the patient may feel good and want to return to his/her activity, remember that the tissue continues to mature and it may take an entire year for that process to occur. The majority return to activity at 6-9 months depending upon size of the repair and their response to treatment.