



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

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**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 I - 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 90°-100°, progressing by 10°-15° per week as patient tolerates  
Scaption to 90°-100°  
ER in scapular plane no greater than 30°  
IR in scapular plane no greater than 30°  
Active assistive ROM (AAROM) exercise (L-bar or cane)  
ER in scapular plane (painless)  
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:

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.