

## **Massive Rotator Cuff Repair Protocol**

Individual patient circumstances may affect the guideline (tear configuration, fixation used, associated procedures, etc.)

Time	Goals	Precautions/Restrictions	Treatment
Weeks 0 – 6	<ul><li> Protect surgical site</li><li> Limit post-op pain</li></ul>	Sling at all times	<ul> <li>PRICE</li> <li>Pendulums</li> <li>Wrist, hand, elbow AROM</li> </ul>
Weeks 6 - 10	<ul> <li>Protect surgical site</li> <li>Limit post-op pain</li> <li>Decrease muscular inhibition</li> <li>Passive flexion to 90°</li> </ul>	<ul> <li>May discontinue sling at 6 weeks</li> <li>Consider sleeping in recliner</li> <li>PROM only</li> <li>Avoid ER if subscapularis was repaired up to 6 weeks</li> <li>Avoid AROM elbow flexion with biceps tenodesis</li> </ul>	<ul> <li>PRICE         <ul> <li>Cryotherapy: 5-7 times per day</li> </ul> </li> <li>Pendulum exercises</li> <li>AROM: elbow, wrist and hand, supine AROM</li> <li>PROM: shoulder</li> <li>Scapular exercises: shrugs, depression, retraction, and protraction</li> <li>Modalities: e-stim, heat, ice as needed</li> <li>Cardio: walking, stationary or recumbent bike with sling</li> </ul>
Weeks 10 - 14	<ul> <li>Protect surgical site</li> <li>Passive forward elevation up to 90-120°</li> <li>Passive ER to 20-30°</li> </ul>	<ul> <li>Therapist guided AROM</li> </ul>	<ul> <li>Progress PROM -&gt; AAROM as tolerated</li> <li>Modalities, Mobilizations as needed</li> <li>Initiate AAROM with wand         <ul> <li>Supine -&gt; Standing</li> </ul> </li> <li>Wand or pulley for AAROM</li> <li>Initiate isometric strengthening at neutral abduction at 12 weeks</li> </ul>
Weeks 14-18	<ul> <li>Initiate light strengthening</li> <li>Motion goals: <ul> <li>Passive forward elevation to 140°</li> <li>Passive ER within 5-10° of contralateral limb</li> <li>Active elevation to 120°</li> </ul> </li> </ul>	<ul> <li>Avoid heavy lifting</li> <li>Avoid pushing body weight</li> <li>Avoid jogging</li> </ul>	<ul> <li>Initiate AROM</li> <li>Continue isometric strengthening in neutral</li> <li>Rotator cuff strengthening with bands in non-provocative positions at week 16</li> <li>Continue with scapular strengthening</li> <li>AAROM exercises: pulley, cane forward elevation, wall walks or slides</li> <li>Cardio: walking, stationary bike; avoid running, stairmaster, swimming</li> </ul>
Weeks 18 - 22	<ul> <li>Restore AROM</li> <li>Restore strength and endurance</li> <li>Return to ADLs, work, and recreational activities</li> </ul>	<ul> <li>Jogging if shoulder strength within 80% LSI</li> <li>Avoid lifting heavy objects with long lever</li> <li>Avoid sudden lifting, jerking, or pushing movements</li> </ul>	<ul> <li>Continue with ROM as tolerated</li> <li>Progress open-chain strengthening to dumbbells         <ul> <li>Overhead/Long lever 1-2 pounds</li> <li>Below shoulder height 5-10 pounds</li> </ul> </li> <li>May initiate shoulder perturbations or rhythmic stabilizations</li> <li>Initiate closed-chain strengthening:         <ul> <li>Wall pushups, progress to table top as tolerated</li> <li>Serratus anterior push-ups</li> <li>Serratus punches</li> <li>Quadruped weight-shifting</li> </ul> </li> </ul>
Weeks 22+	<ul> <li>Continue to progress return to work or sport-specific training</li> <li>Restore AROM</li> </ul>	<ul> <li>Avoid large increases in volume</li> </ul>	<ul> <li>Continue with end-range ROM or mobilizations</li> <li>Continue progressive resistive exercises in various shoulder positions</li> <li>Progress closed-chain strengthening</li> <li>ARC program</li> </ul>

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.