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Post-operative Rehabilitation Protocol for Massive Rotator Cuff Repair

: >4cm and/or 2 or more tendons

The following protocol is intended as a general guideline for physical therapist, athletic trainer, and patients after a massive rotator cuff repair. These guidelines are designed to facilitate the expedited and safe return to athletic or professional activity and are based on a review of the current scientific principles of shoulder rehabilitation. For the treating health care provider, this protocol should not serve as a substitute for individualized clinical decision making during the patient's post-operative course following a massive rotator cuff repair. It should take into consideration the individual's physical findings, progression, and possible post-operative limitations. If the therapist or patient requires assistance or encounters any post-operative complication, the operating surgeon should be consulted.

Physical therapy is to start one week post-operatively.

Phase 1:

1. Protect repair
2. Ensure wound healing
3. Prevent stiff shoulder
4. Gradual increase in ROM
5. Decrease pain and inflammation

Days 1-14

- Sling usage 24/7 except for hygiene and rehabilitation
- PROM
 - ER to scapular plane (Subscapular repair modification Limit ER to neutral)
 - Flexion to 110 degrees
 - Abduction to 90 degrees
 - Very gentle IR to scapular plane
- Pendulums 4-5x per day
- Postural strengthening

- Scapular retractions
- Hand grip exercises
- Elbow flexion/extension, no weight
- OK to use hand for small functional tasks such as typing, if no SLAP repair or biceps tenodesis
- Walking program
- Ice PRN
- Dynamic stabilization

Phase 2:

1. Protect repair
2. Work to full pain free ROM
3. Gradual increase in strength
4. Decrease pain

Weeks 2-8

- Continue all exercises from phase 1
- D/C sling usage week 8, during the day only
- Sling while in bed until week 10
- PROM
 - Work toward full PROM by week 8
 - Start stretching behind back
- Heat/ice PRN

Phase 3:

1. Protect repair
2. Continue to regain ROM
3. Continue gentle strengthening

Weeks 8-16

- Start with AAROM with slow progression as tolerated to AROM
 - Start supine and progress to standing
- Continue with exercises from previous phases
- Maintain full PROM
- Stretching in all directions
- Submaximal isometrics initiate at 8-10 weeks
- Bicep curls
- Self-capsular stretches
- Scapular strengthening
- Heat/ice PRN

Phase 4:

1. Continue with progression of strengthening

Weeks 16-28

- Begin dynamic strengthening-initiate at about week 16
- Gradual increase in resistance as tolerated
- Avoid sudden, rapid or jerky movements
- Restore scapula-thoracic motion
- Continue to work on ROM

Weeks 28+

- Return to activities as guided by Physician