Hays Medical Center

Massive Rotator Cuff Repair

General Principles:
This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

Note: This protocol is also to be used for post-operative management of superior capsular reconstruction.

PHASE I: (Immediate Post-Op)

Week 1-2

Orthotics-
1. Use of abduction pillow / sling worn at all times except for exercise

Modalities (PRN)-
1. Cryotherapy for pain and inflammation
2. Electrical Stimulation
3. Pulsed low-frequency ultrasound for pain and inflammation

ROM-
1. Active hand, wrist, forearm, and elbow to full
2. Cervical Spine AROM as tolerated

Exercises-
1. Hand Grip strengthening
2. Wrist / Elbow Isometrics (Sub-maximal, Sub-painful)
3. Passive pendulum / Codman's

Week 3 – 6

Orthotics-
1. Continue use of abduction pillow / sling at all times as before

Modalities (PRN)-
1. Continue Phase 1 modalities as needed

ROM-
1. Progress passive shoulder ROM: forward flexion 110*, ER/IR to 30* in scapular plane
2. NO Active ROM

Exercises-
1. Resisted / isotonic strengthening for wrist, forearm, hand
2. Scapula muscle isometrics / AROM (Protraction, Retraction)
3. Passive shoulder ROM only:
   Flexion to 110˚, IR to the body/chest in scapular plane only, ER to 30* in scapular plane only
4. GENTLE scapular plane abduction beginning 0-30* progressing to 90* at Week 7

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PHASE II: (Intermediate)

Week 7 – 12

Orthotics-

1. Gradually discontinue use of arm sling as tolerated

Modalities (PRN)-

1. Continue Phase 1 modalities as needed

ROM-

1. PROM: Flexion to 150*, ER to 45* in scapular plane
2. AAROM into flexion only as tolerated by pain. Progress to scapular plane as tolerated
3. Joint mobilizations (Grade I-III) as indicated

Exercises-

1. Aquatics
2. Progress to Active Assistive ROM on overhead pulleys and cane
3. Upper Extremity Bike – begin with no/low resistance and progress as tolerated
4. Prone or Bent over row to neutral arm position

PHASE III: (Strengthening)

Week 13 – 16

ROM-

1. Progress PROM, AROM, and AAROM to full as tolerated.

Exercises-

1. Scapular exercises: rows, row downs as tolerated
2. Glenohumeral submaximal rhythmic stabilization exercises at 90-100* flexion supine
3. Rotator Cuff submaximal isometrics
4. Begin AROM/AAROM flexion, scaption, abduction, IR/ER with no resistance
5. Resisted elbow flexion / extension

Week 17 - 24

Exercises-

1. May progress to isotonic RTC strengthening
2. Resisted shoulder flexion, scaption, abduction to 90* elevation
3. Prone Horizontal Abduction
4. Side-lying ER
5. Theraband PNF D2 extension
6. Progress difficulty of rhythmic stabilization / Begin Body blade, flexbar
7. May start jogging

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PHASE IV: (Advanced Strengthening)

Week 25+

ROM-

1. Maintain full non-painful Active ROM

Exercises-

1. Progress to Rotator Cuff strengthening at 90/90 if appropriate
2. Progress to aggressive total arm strengthening
   Including free weight and weight machines
3. Initiation of light sports activity
   See Interval Golf, Interval Racquet, and Interval Throwing programs
4. Patients will have full release to play sports during this time frame, but only with physician approval based on strength and overall level of function