

Large to Massive Rotator Cuff Tears

POST-OPERATIVE PHYSICAL THERAPY PROTOCOL

Rehabilitation Precautions

- Please contact the physician if there is a question concerning the size of the patient's rotator cuff repair and/or, which guideline should be utilized for your patient's rehabilitation
- Subscapularis repair precautions 12 weeks post-op:
 - No ER past 30°
 - No cross body adduction
 - No active IR or IR behind the back
 - No supporting of body weight with affected side (ie pushing self up from a chair)

Weeks 0 – 4

ROM

- PROM progressing per patient's tolerance in flexion and external rotation
- Pendulum exercises
- Elbow, wrist and hand ROM
- Shoulder mobilization - posteriorly

Strengthening

- Postural instructions to promote active scapular retraction.
- Scapular clock exercises

Ice and pain modalities as indicated

Goals for Progression to Next Phase

1. Reduce pain
2. Improve tolerance of progressive PROM

Weeks 4 – 6

ROM

- Continue PROM
- Begin PROM in abduction per patient tolerance
- Shoulder mobilizations – posterior and caudal
- Pectoralis minor flexibility
- Begin shoulder IR flexibility
- Begin wand exercises in a seated position
 - Shoulder external rotation
 - Shoulder flexion with physician's authorization

Strengthening

- Begin isotonic scapular retraction /protraction
- Begin manual resistance scapular stabilization

Ice and pain modalities as indicated

Goals for Progression to Next Phase

1. Full PROM supine
2. Sleeping through the night
3. Normal posture

Weeks 6 – 8

- Discontinue sling per physician

ROM

- AAROM per patient tolerance.
- Ball on wall, UE Swiss ball mobility – IR/ER

Strengthening

- Progress scapular neuromuscular strengthening

Goals to Progress to Next Phase

1. Full AAROM, avoiding scapular substitution
2. Independent dressing ADL's

Week 8**ROM**

- Begin progression of AROM per patient tolerance
 - Avoid scapular substitution

Strengthening

- Initiate sub-max strengthening
- Begin closed chain UE activities.
 - Towel wipes – horizontal, diagonal and vertical

Goals for Progression to Next Phase

1. Avoidance of scapular substitution with shoulder ROM

Week 10**ROM**

- Continue to progress AROM

Strengthening

- Progress isometrics and scapular strengthening

Goals for Progression to Next Phase

1. Full active ROM
2. No trapezius substitution
3. No reactive inflammation with strengthening
4. Return to full ADLs

Week 12-16**Strengthening**

- Light T-band exercises
 - Shoulder IR/ER
 - Horizontal abduction / adduction
- Begin prone exercise program *no weight*
 - Row

- Shoulder extension
- Horizontal abduction – T exercise position
- Lower trap – Y exercise position
- Begin rhythmic stabilization exercises supine
- Functional eccentric strengthening
- Progress closed chain UE strengthening
 - Push up with a plus
 - Swiss ball activities
- Trunk and lower-extremity strengthening

Goals for Progression to Next Phase

1. Full AROM with no scapular substitution between Weeks 10-12
2. 5/5 rotator cuff strength
3. 65-70% IR/ER isokinetic testing

4-6 months

Strengthening

- Initiation of throwing progression
- Continuation of functional UE/LE strengthening and endurance activity

Stretching program with emphasis on posterior capsule

Goals to Return to Sport

- Completion of throwing progression
 - No reactive effusion, pain and or instability
- 65-70% IR/ER isokinetic testing