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Rehabilitation Protocol: Rotator Cuff Repair (Massive)

Phase 1: (0 to 8 weeks)

- May remove small square dressings and shower post-op day #3
- Sutures are all underneath the skin and will dissolve on their own
- Ice or cold flow systems encouraged for the first week at a minimum: should be used 3-4 times per day. (or bag of frozen peas). Protect the skin from freezer burn.
- Sling should be in place when not performing exercises.
- May start active scapular mobility exercises at 6 weeks – Must keep the shoulder musculature relaxed.
- AVOID all active and active assistive exercises until cleared by the surgeon. This includes pulley exercises, wand, and supine assisted exercises.
- Initiate exercise program 3 times per day:
 - Immediate elbow, forearm, and hand range of motion out of sling
 - Pendulum exercises
 - Passive external rotation of the shoulder to tolerance
 - Passive scapular plane elevation as tolerated to 120 degrees starting at 6 weeks.
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Phase 2: Progressive ROM (8 weeks – 12 weeks)

- May discontinue sling
- Lifting restriction of 5 pounds should be reinforced with patient.
- Start AAROM and AROM – includes pulleys, wand, and supine gravity assisted exercises. Emphasize all motions including IR behind the back at 10-12 weeks.
- Isolate and strengthen scapular stabilizers.
- Progress PROM and terminal capsular stretching of the shoulder as needed.
- Avoid AROM in positions of subacromial impingement.
- Avoid resisted training and strengthening. Avoid AROM in positions of subacromial impingement.

Phase 3: (>12 weeks)

- Discontinue formal lifting restrictions.
- Start progressive rotator cuff and shoulder strengthening (Theraband, dumbbells, Hughston's exercises, etc.) at 12 weeks. Start with isometrics initially. Include home cuff strengthening program. Continue to emphasize scapular stabilizers.
- Equate active and passive range of motion. Encourage scapulohumeral mechanics during active shoulder motion.
- Simulate work/recreational activities as rotator cuff strength and endurance improve.