

**REHABILITATION PROTOCOL FOR  
MASSIVE ROTATOR CUFF REPAIR  
(#1—repair without tension)**

**APPOINTMENTS:**

- Clinic appointments at 8 to 12 days, then at 6 weeks, 12 weeks, 18 weeks, and possibly 24 weeks
- Physical therapy appointment starting at 6 weeks, lasting 18 to 24 weeks

**ACUTE PHASE: Surgery to 6 weeks post-op**

- Remain in the abduction sling, abduction pillow, or abduction brace at all times for 4 weeks, except for dressing and bathing
- Remove the Velcro straps to work on range of motion exercises for the hand, wrist, and elbow
- May remove the arm from the abduction sling, abduction pillow, or abduction brace at 4 weeks to begin the pendulum exercises, but otherwise remain in the abduction sling/pillow/brace
- Ice as needed
- Work Restrictions: off work for 5 days or until pain controlled by non-narcotic pain medications and then may return to work with no use of the operative arm which must remain in the sling, pillow, or brace at all times

**PHASE I: 6 to 8 weeks post-op**

- Gradually wean out of the sling, pillow, or brace
- Begin use of the arm for activities of daily living, but no lifting
- Continue pendulum exercises
- Begin physical therapy and exercises at home daily:
  - Pulley for passive flexion and abduction to 90 degrees
  - Table slides for passive flexion and abduction
  - Passive ROM with cane for flexion/extension, adduction, and internal rotation/external rotation
  - Towel stretch for internal rotation
  - Isometric strengthening
  - Modalities as needed: heat, ice, ultrasound, e-stim
  - NO ACTIVE ABDUCTION
- Work Restrictions:
  - No overhead use, no repetitive or strenuous use, and no lifting with the operative arm

**PHASE II: 8 to 12 weeks post-op**

- No lifting greater than 5 pounds
- Continue pendulum exercises
- Continue physical therapy and home exercises:
  - Continue pulley for passive flexion and abduction; progress to 180 degrees
  - Begin supine AAROM with therapist for flexion/extension, abduction/adduction, internal rotation/external rotation at 0 degrees abduction
  - Begin passive resistive exercises for flexion/extension abduction/adduction, internal rotation/external rotation at 0 degrees abduction using therabands
  - Standing supraspinatus exercise to 90 degrees with gravity resistance only
  - PNF diagonals below 90 degrees, light resistance theraband
  - Light closed chain and scapular exercises
  - Goal of FROM at end of phase II
- Work Restrictions:
  - No overhead use and no repetitive or strenuous use of the operative arm
  - No lifting, pushing, or pulling greater than 5 pounds

**PHASE III: 12 to 18 weeks post-op**

- No lifting greater than 15 pounds
- Continue physical therapy and home exercises:
  - Continue P/AA/AROM stretches
  - Continue pulley for passive flexion and abduction to 180 degrees
  - Begin supraspinatus passive resistive exercises
  - Progress internal rotation/external rotation passive resistive exercises to 90 degrees abduction
  - Weight training for biceps, triceps
- Work Restrictions:
  - Limited overhead use and limited repetitive or strenuous use
  - No lifting, pushing, or pulling greater than 15 pounds

**PHASE IV: 18 to 24 weeks post-op**

- No lifting greater than 25 pounds
- Continue physical therapy, transitioning to home exercise program if able
  - Passive resistive exercises including isolated supraspinatus strengthening and prone external rotation at 90 degrees
  - Global strengthening
  - Begin work-related or sports-specific conditioning, if appropriate
  - Progress to work hardening/functional capacity evaluation if appropriate
- Work Restrictions:
  - No lifting, pushing, or pulling greater than 25 pounds until 6 months
  - Goal of return to work without restrictions at 6 months