

**REHABILITATION PROTOCOL FOR
MASSIVE ROTATOR CUFF REPAIR
(#3—repair with 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 9 weeks, lasting 18 to 24 weeks

ACUTE PHASE: Surgery to 9 weeks post-op

- Remain in the abduction brace **AT ALL TIMES** for 9 weeks, including dressing and bathing
- **DO NOT REMOVE THE BRACE FOR ANYTHING**
- Remove the Velcro straps to work on range of motion exercises for the hand, wrist, and elbow
- Ice as needed
- May begin to lower the brace from 90 degrees to 60 degrees at 6 weeks, and then 60 degrees to 30 degrees and 7 weeks, and then 30 degrees to neutral at 8 weeks
- 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 pillow or brace at all times

PHASE I: 9 to 12 weeks post-op

- Gradually wean out of the 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: 12 to 15 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: 15 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