

**Scott Adrian, M.D.**  
*Advanced Orthopaedic Associates*

2778 N. Webb  
Rd. Wichita, KS  
67226

316-631-1600  
Fax: (316) 631-1671  
1 (800) 362-0591



## **Arthroscopic Rotator Cuff Repair Protocol Massive / Revision**

This protocol was developed to provide the rehabilitation professional with a guideline of postoperative rehabilitation course for a patient who has undergone an arthroscopic *massive* size rotator cuff tear repair. 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, individual progress and the presence of any postoperative complications.

The rate limiting factor in arthroscopic rotator cuff repair is the biologic healing of the cuff tendon to the humerus, which is thought to be a minimum of 8-12 weeks.

Progression of AROM against gravity and duration of sling use is predicated both on the size of tear and quality of tissue and should be guided by referring physician. Refer to initial therapy referral for any specific instructions.

### **Phase I: Immediate Post Surgical Phase (Weeks 0-8)**

#### **Goals**

Maintain/protect integrity of  
repair Gradually increase  
PROM Diminish pain and  
inflammation Prevent  
muscular inhibition  
Independence in modified  
ADLs

#### **Precautions**

No active range of motion (AROM) of shoulder  
No lifting of objects, reaching behind back, excessive stretching or sudden  
movements Maintain arm in brace, sling – remove only for exercise  
Sling use for 8 weeks – massive tear  
size No support of body weight by  
hands Keep incisions clean and dry

#### **Day 1 to 14**

Use of Abduction brace/sling (during sleep also) – remove only for  
exercise Passive pendulum exercises (3x/day minimum)  
Finger, wrist, and elbow AROM (3x/day  
minimum) Gripping exercises (putty, handball)  
Cervical spine AROM  
Passive shoulder (PROM) done supine for more patient

relaxation Flexion to 100°

ER/IR in scapular plane  $\leq 20^\circ$

Educate patient on posture, joint protection, importance of brace/sling, pain medication use early, hygiene Cryotherapy for pain and inflammation

Day 1-3: as much as possible (20

min/hour) Day 4-7: post activity, or as

needed for pain

### **Week 2-8**

Continue use of abduction sling/brace until the end of week 8.

Pendulum exercises

Begin PROM to tolerance (supine, and pain-free) May use heat prior to ROM

Flexion to 130°

ER in scapular plane = 30°  
IR in scapular plane to body/chest @ 0° abduction up to 40°  
IR in scapular plane to body/chest in slight (30°) abduction  $\leq$  30°  
Continue elbow, hand, forearm, wrist and finger AROM  
Begin resisted isometrics/isotonics for elbow, hand, forearm, wrist and fingers  
Begin scapula muscle isometrics/sets, AROM  
Cryotherapy as needed for pain control and inflammation  
May begin gentle general conditioning program (walking, stationary bike) with caution if unstable from pain medications  
No running/jogging  
Aquatherapy may begin approximately 10 **weeks** post operative if wounds healed

#### **Criteria for progression to next phase (II)**

Passive forward flexion to  $\geq$  125°  
Passive ER in scapular plane to  $\geq$  25° (if uninvolved shoulder PROM > 80°)  
Passive IR in scapular plane to  $\geq$  30° (if uninvolved shoulder PROM > 80°)  
Passive abduction in scapular plane to  $\geq$  60°  
No passive pulley exercise

#### **Phase II: Protection and Protected Active Motion Phase (Weeks 8 to**

##### **16) Goals**

Allow healing of soft tissue  
Do not overstress healing soft tissue  
Gradually restore full passive ROM (~ week 12-16)  
Decrease pain and inflammation

##### **Precautions**

No lifting  
No supported full body weight with hands or arms  
No sudden jerking motions  
No excessive behind back motions  
No bike or upper extremity ergometer until week 10

##### **Weeks 8-10**

Continue with full time use of sling/brace until end of week 8  
Continue scapular exercises  
Gradually wean from brace starting several hours/day out progressing as tolerated  
Use brace sling for comfort only until full DC by end of week 9  
Initiate AAROM shoulder flexion from supine position week 8-10  
Progressive PROM until full PROM by week 12-16 (should be pain-free)  
May require use of heat prior to ROM exercises/joint mobilization  
Can begin passive pulley use  
    May require gentle glenohumeral or scapular joint mobilization as indicated to obtain full unrestricted ROM  
Initiate prone rowing to a neutral arm position  
Continue cryotherapy as needed post therapy/exercise

##### **Weeks 10-16**

Continue AROM, AAROM, and stretching as needed  
Begin IR stretching, shoulder extension, and cross body, sleeper stretch to mobilize

posterior capsule (if needed)

Begin gentle rotator cuff submaximal isometrics (10-12 weeks)

Begin glenohumeral submaximal rhythmic stabilization exercises in "balance position (90-100° of elevation) in supine position to initiate dynamic stabilization

Continue periscapular exercises progressing to manual resistance to all planes Seated press-ups

Initiate AROM exercises (flexion, scapular plane, abduction, ER, IR) (should be pain-free) low weight – initially only weight of arm

Do not allow shrug during AROM exercises

If shrug exists continue to work on cuff and do not reach/lift AROM over 90° elevation Initiate limited strengthening program (weeks 12-14).

\*Remember RTC and scapular muscles small and need endurance more than pure strength ER and IR with exercise bands/sport cord/tubing

ER isotonic exercises in side lying (low-weight, high-repetition) may simply start with weight of arm

Elbow flexion and extension isotonic exercises

Full can exercise in scapular plane – no weight/load Prone series (extension, rowing, horizontal abduction)

### **Criteria for progression to Phase III**

Full AROM

### **Phase III: Early Strengthening (Weeks 16-22)**

#### **Goals**

**Full AROM (weeks 12-16)**

Maintain full PROM

Dynamic shoulder stability (GH and ST)

Gradual restoration of GH and scapular strength, power and endurance Optimize neuromuscular control

Gradual return to functional activities

#### **Precautions**

No lifting objects > 5 lbs, no sudden lifting or pushing

Exercise should not be painful

#### **Week 16**

Continue stretching, joint mobilization, and PROM exercises as needed Dynamic strengthening exercises

Initiate strengthening program

Continue exercises as above weeks 9-16

Continue periscapular muscle strengthening

Scapular plane elevation to 90° (patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic exercises. If unable then continue cuff/scapular exercises)

Full can (no empty can abduction exercises)

Prone series as described earlier

#### **Week 18**

Continue all exercise listed above

May begin BodyBlade, Flexbar, Boing below 45°

Begin light isometrics in 90/90 or higher supine, PNF D2 flexion/extension patterns against light manual resistance

Initiate light functional activities as tolerated

#### **Week 20**

Continue all exercises listed above

Progress to fundamental exercises (bench press, shoulder press)

Initiate low level plyometrics (2-handed, below chest level – progressing to overhead and finally

1-handed drills)

**Criteria for progression to Phase IV**

Ability to tolerate progression to low-level functional activities

Demonstrate return of strength/dynamic shoulder stability

Reestablishment of dynamic shoulder stability

Demonstrated adequate strength and dynamic stability for progression to more demanding work and sport- specific activities

**Phase IV: Advanced Strengthening Phases (Weeks 20-26)**

**Goals**

Maintain full non-painful AROM  
Advanced conditioning exercise for enhanced functional and sports specific use  
Improve muscular strength, power and endurance  
Gradual return to all functional activities

**Week 18**

Continue ROM and self-capsular stretching for ROM maintenance  
Continue progressive strengthening  
Advanced proprioceptive, neuromuscular activities  
Light isotonic strengthening in 90/90 position  
Initiation of light sports (golf chipping/putting, tennis ground strokes) if satisfactory clinical exam

**Week 24**

Continue strengthening and stretching  
Continue joint mobilization and stretching if motion is tight  
Initiate interval sports program (eg, golf, doubles tennis) if appropriate