

## REHABILITATION GUIDELINES FOR MASSIVE ROTATOR CUFF REPAIR

PHASE I (0-6 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> <li>Physical therapy 2 x per week</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>Maintain integrity of repair</li> <li>Diminish pain and inflammation</li> <li>Prevent muscular inhibition</li> <li>Independent with ADL's with modifications to protect repair.</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>Keep wound clean and dry</li> <li>Maintain arm in sling per MD orders</li> <li>Control pain and inflammation</li> <li>Avoid lifting objects</li> <li>No active overhead motions</li> <li>No supporting of body weight with hands.</li> <li>Avoid sudden movements or excessive stretching</li> <li>Ice frequently or as dictated by pain and/or swelling</li> </ul>
Suggested Therapeutic Exercises	<p><b>ROM:</b></p> <ul style="list-style-type: none"> <li>Gentle mobilizations as needed to improve ROM</li> <li>No shoulder AROM for 6 weeks</li> <li>PROM to tolerance for flexion and ABD in scapular plane</li> <li>Limit ER/IR in neutral to 30 degrees</li> <li>PROM to elbow wrist and hand</li> <li><b>Subscapularis repair:</b> limit ER to 30 degrees, read op report, may differ</li> <li><b>Tenodesis:</b> no active biceps for 6 weeks</li> </ul> <p><b>HEP:</b></p> <ul style="list-style-type: none"> <li>Codman's 3-4 x daily</li> <li>Passive table slides</li> <li>PROM to elbow if tenodesis, otherwise AROM</li> <li>With glenohumeral joint totally supported: elbow, wrist, and hand AROM (no elbow flexion if tenodesis performed)</li> </ul>

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Cardiovascular Exercises	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Progression Criteria	<p><b>PROM:</b></p> <ul style="list-style-type: none"> <li>Flexion to at least 100 degrees</li> <li>ER in scapular plane to at least 45 degrees (<b>30 degrees if a subscapularis repair</b>)</li> <li>IR in scapular plane to at least 45 degrees (<b>30 degrees if infraspinatus or teres minor repair</b>)</li> <li>Abduction to at least 90 degrees in the scapular plane</li> </ul>

PHASE II (6-12 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> <li>Physical therapy 2 x per week</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>Educate on safety when out of sling</li> <li>Do NOT overstress healing tissues</li> <li>Once out of the sling, may begin to use arm for gentle ADL's at waist level</li> </ul>
Precautions	<ul style="list-style-type: none"> <li><b>No</b> lifting heavier than a cup of water</li> <li>Supporting of body weight</li> <li>Reaching behind the back</li> </ul>
Suggested Therapeutic Exercises	<p><b>ROM:</b></p> <ul style="list-style-type: none"> <li>Work toward full pain-free PROM by the end of 12 weeks</li> <li>May begin active biceps if tenodesis performed</li> <li>May begin active IR if subscapularis repair</li> <li>Continue with PROM:                             <ul style="list-style-type: none"> <li>flexion and abduction in scapular plane to tolerance</li> <li>ER and IR at 60–90 degrees of abduction</li> <li>Slow progression to full ER/IR ROM by the end of 12 weeks</li> </ul> </li> </ul> <p><b>Strength:</b></p> <ul style="list-style-type: none"> <li>With glenohumeral joint completely supported:                             <ul style="list-style-type: none"> <li>AROM 4 way wrist exercises</li> <li>AROM bicep curls</li> </ul> </li> <li>Scapular squeezes (careful not to fire cuff from 6-10 weeks)</li> <li><b>8 weeks:</b> Submaximal isometrics: elbow bent shoulder flexion/extension, IR/ER, elbow flexors/extensors</li> <li>Begin pulleys at 8-10 weeks</li> <li>Start table slides and progress to wall slides toward the end of 12 weeks</li> </ul>

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(Phase II continued)  Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>• Initiate gentle rhythmic stabilization for ER/IR in 45 degrees abduction</li> <li>• Sidelying scapular rhythmic stabilization (not PNF)                         <ul style="list-style-type: none"> <li>○ <i>careful not to fire cuff musculature</i></li> </ul> </li> <li>• Can begin aquatic ROM exercises if desired</li> </ul> <p><b>HEP:</b></p> <ul style="list-style-type: none"> <li>• PROM to tolerance for the following:                         <ul style="list-style-type: none"> <li>○ Codmans</li> <li>○ Table slides</li> </ul> </li> <li>• 6-12 weeks: Begin AAROM: pulleys, wall walks and rhythmic stabilization</li> <li>• 10 weeks: supine flexion and sidelying ABD</li> </ul>
Cardiovascular Exercises	<ul style="list-style-type: none"> <li>• Recumbent bike (no supporting of body weight)</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• Full PROM</li> <li>• AAROM without compensation</li> </ul>

### PHASE III (12-16 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> <li>• Physical therapy 2 x per week</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Full PROM by 12 weeks</li> <li>• Emphasis on low resistance/high repetitions (30 reps), using no weight initially</li> <li>• Strength phase</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• Patient must demonstrate good glenohumeral and scapular mechanics prior to beginning isotonic strengthening.</li> </ul>
Suggested Therapeutic Exercises	<p><b>AAROM:</b></p> <ul style="list-style-type: none"> <li>• UBE minimal to no resistance low arms (standing)</li> <li>• Active scapular protraction/retraction</li> <li>• Sidelying easy resisted scapular protraction/retraction</li> <li>• Supine ER/IR with tubing in neutral abduction with a towel roll, progress to standing theraband, then sidelying</li> <li>• Gentle PNF patterns</li> <li>• Light weight bicep and tricep curls</li> <li>• Prone rows at 30 degrees abduction</li> <li>• Prone extension (elbows bent to 90 degrees)</li> </ul>

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(Phase III continued)  Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <li>Prone horizontal abduction (elbow bent to 90 degrees or straight arm to 45 degrees)</li> <li>Sub-maximal rhythmic stabilizations for flexion at 45 degrees, 90 degrees, 120 degrees (nearing 16 weeks)</li> <li>Rhythmic stabilizations for ER/IR</li> <li>Palm on hip lift to 90 degree and end with palm up)</li> <li>Aquatic exercises for light AROM</li> </ul> <p><b>HEP:</b></p> <ul style="list-style-type: none"> <li>Codmans as needed</li> <li>Progress scapular exercises as determined safe</li> </ul>
Cardiovascular Exercises	<ul style="list-style-type: none"> <li>UBE, stationary bike</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>Full PROM</li> <li>Full AROM without compensation</li> </ul>

### PHASE IV (16-22 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> <li>Physical therapy 1-2 x per week</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>Negative impingement signs</li> <li>No compensatory movements present</li> <li>Continue with total body conditioning</li> <li>Rehab geared toward return to sport or work</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>None</li> </ul>
Suggested Therapeutic Exercises	<p><b>ROM:</b></p> <ul style="list-style-type: none"> <li>Goal is full AROM without compensation</li> </ul> <p><b>Strength:</b></p> <ul style="list-style-type: none"> <li>Begin WB wall, semi- prone, prone exercises</li> <li>Progress diagonals</li> <li>Progress functional reach</li> </ul> <p><b>Week 20 onward:</b></p> <ul style="list-style-type: none"> <li>Plyometric chest tosses</li> <li>Resisted ER/IR at 90°/90°</li> <li>Oscillation work (body blade)</li> <li>Begin weight training:                             <ul style="list-style-type: none"> <li>Bench press, flys, lat pull-downs, PNF with pulley</li> </ul> </li> </ul>

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Cardiovascular Exercises	<ul style="list-style-type: none"><li>• As tolerated</li></ul>
Progression Criteria	<ul style="list-style-type: none"><li>• Negative impingement signs</li><li>• Full AROM without compensation</li><li>• Return of UE strength and overhead strength</li></ul>
Return to Activity Phase (weeks 22-26)	<ul style="list-style-type: none"><li>• Gradual return to strenuous work activities</li><li>• Gradual return to recreational activities</li><li>• Gradual return to sport activities</li><li>• Continue strengthening and stretching</li><li>• Continue stretching, if motion is tight</li><li>• May initiate interval sport program (i.e. golf, etc.), if appropriate</li></ul>

### References:

PT name and date: Rachel Georgeson, MPT 2015 / new template March 2017

MD name and date: Timothy Crall, MD 2015 / Brian Gilmer, MD 2017

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