

**Massive Rotator Cuff Repair
Rehabilitation Protocol
Dr. Samir Patel, MD**

Note: If biceps tenodesis was completed, NO resistive elbow flexion or supination x 6 weeks
 - Elbow AROM and PROM are okay. Rehab otherwise dictated by cuff procedure.

Patient is to be seen 2-3x/week beginning 7 days post-op.

Outpatient Phase I: (Day 7-28)

- Scapular retraction and depression (no shrugs)
- Pendulums
- Elbow, forearm, wrist, and hand AROM.
- PROM of shoulder
 - Forward elevation in scapular plane to 140 degrees
 - ER in adduction to 40 degrees
 - IR in scapular plane as tolerated
 - NO IR behind back or in abduction
 - NO extension
 - NO cross body adduction
- Supine self-assisted forward elevation in scapular plane to 140 degrees with contralateral arm assist. (complete palm up to ER repair from under acromion)
- ER in adduction to 40 degrees with stick/wand
- Modalities for pain control as needed
- Sling x 6 weeks – must sleep in sling.

Outpatient Phase II: (Day 29 - 42)

Continue above exercises with the following modifications

- Progressive return to full passive forward elevation and external rotation at side
- Self-assisted table top stretch for forward elevation (no wall walking)
- Continue precautions with no active use of arm
- Modalities for pain control as needed
- Continue sling wear – must sleep in sling.

Outpatient Phase III: (Day 43 - 56)

- Discharge sling
- Initiate pulley for forward elevation
- Initiate AAROM exercises (supine, prone, standing)
- Continue PROM without restrictions
- Initiate ER at 45 degrees abduction

- Initiate extension and IR behind back
- Initiate cross body adduction
- Ok to begin bicep strengthening if tenodesis was performed
- Initiate light use of arm with ADL – no lifting, pushing, pulling.
- Continue modalities for pain control as needed

Outpatient Phase IV: (Day 57 - 84)

- AROM/AAROM exercises (supine, prone, standing) – monitor for compensation
- Continue PROM as needed
- Initiate light sub-maximal isometrics all planes
- Initiate light UBE starting with low resistance and progressing
- Initiate light theraband for scapular strengthening (rows, shrugs, punches)
- 10 weeks post op: Initiate light theraband for IR and ER

Outpatient Phase V: (Day 85 - 112)

- AROM/AAROM/PROM as needed with focus on good mechanics
- Continue sub-maximal isometrics all planes
- Initiate isotonic strengthening for forward elevation and abduction
- Progress scapular stabilization/strengthening program
- NOTES:
 - Resistance must be added gradually to promote contractile remodeling
 - Strengthen in multiple angles: start low level and progress to horizontal
 - Submaximal resistance to painful motions should be used until pain-free
 - Early focus should be on low weight and higher reps to foster muscle hypertrophy

Outpatient Phase VI: (Functional Phase)

- Continue strengthening program with progressive increase in resistance
- Return to functional activities
- Work/sport specific conditioning to enhance endurance and coordination
 - One-handed plyometrics
 - Eccentric cuff strengthening
 - Large muscle strengthening: lat pull downs, bench press, military press

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Date