

ORTHOARIZONA

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Massive Rotator Cuff Repair Protocol

Recommendations

- Wear abduction pillow/sling for 6 - 8 weeks.
- No driving until 6 - 8 weeks post-op.
- Encourage PROM (Passive Range of Motion) at home daily by family member for the first 6 - 8 weeks.
- Ice shoulder 3 - 4 times daily in supported abduction to facilitate circulation and decrease pain.
- No shoulder extension for 4 - 6 weeks to protect the anterior deltoid.
- No shoulder adduction past abduction pillow position (~ 45° abduction) for 6 weeks to protect repair.
- PROM limitations should be dictated by the physician.
- **Communicate with the physician regarding the specifics of the repair including the location and size of the tear, the tissue quality and post-op limitations, and modify the protocol accordingly.**
- Return to work and sport to be determined on an individual basis by the physician.

Post-Op Protocol

0 - 6 Weeks

- Instruct family member in proper PROM techniques and ROM limitations (Have them perform a supervised demonstration!).
- Emphasize proper posture when sitting and standing.
- Wean from abduction pillow to sling at 6 weeks unless otherwise directed by physician.
- 1. PROM from pillow position within specified ROM limitations.
- 2. AROM of elbow, wrist and hand with arm supported (i.e. no shoulder

extension).

6 - 8 Weeks

- Discontinue sling by 8 weeks.
- 1. Begin PROM toward 0° abduction.
- 2. Progress to self-assist PROM including UBE (no shoulder extension),
and supine external rotation at side with wand (Make sure patient keeps supported and flexed to 90°.

pulleys

elbow

8 - 10 Weeks

- Begin AAROM within pain-free ROM.
- 1. Begin submaximal isometrics all planes.
- 2. Self-assist forward elevation with wand with slow progression from

supine to

standing position.

3. Gentle open kinetic chain rhythmic stabilization progression in supine.
4. Begin general cardiovascular training (as appropriate) including walking, stationary cycling, etc.

10 - 12 Weeks

external

90°

position, and prone extension,

punches

(thumbs up) at 150°

progression.

- Begin AROM within pain-free ROM.
- 1. Begin AROM with emphasis on rotator cuff exercises (without resistance) including standing forward elevation ($\leq 90^\circ$) and side lying internal and external rotation. *Progress to prone horizontal abduction (thumbs up) at 100° and 90° of abduction, prone external rotation in $90/90^\circ$ all within pain-free ROM.
- 2. Initiate scapulothoracic strengthening exercises including supine ceiling and seated rows. *Progress to prone horizontal abduction and 90° of abduction (last 20° of available range only).
- 3. Begin gentle closed kinetic chain (CKC) balance and stabilization

12 - 14 Weeks

- Progress AROM within pain-free ROM.
- 1. Progress self-stretching exercises including door frame hang for forward elevation, corner stretch for abduction/external rotation, etc.
- 2. Begin upper extremity endurance training on UBE as appropriate.
- 3. Initiate gentle internal rotation stretching behind back.

14 - 16 Weeks

rotator

plane →

board,

- Begin RROM within pain-free ROM.
- 1. Begin PRE's with hand weights, theraband, etc. as tolerated, focusing on rotator cuff and scapulothoracic strengthening within pain-free ROM.
- 2. Initiate manual resistive exercises including PNF techniques.
- 3. *Begin isokinetic internal and external rotation (0° abduction → scapular $90/90^\circ$ position progression).
- 4. Progress CKC exercises including seated press-ups, step-ups, BAPS treadmill and push-ups with a plus (wall to floor progression).
- 5. Initiate work-specific activities as appropriate.

16 - 18 Weeks

toss,

- **A/PROM and strength WFL by 18 weeks.**
- Emphasize concepts of frequency, duration and intensity of training.
- 1. Progress PRE's as tolerated.
- 2. Begin low-level plyometric progression including 2-hand plyoback ball toss, ball dribbling, etc.
- 3. Initiate sport-specific activities including interval golf program, racquet

strokes,

etc.

*** May require position and/or ROM modifications due to A/PROM deficits.**