

Rotator Cuff Repair

Large/Massive

Precautions: For Dr. Trenhaile: See patient for initial evaluation, giving them appropriate HEP, then do not begin follow-up therapy appointments until patient is 4 weeks post-op.

Phase I (1 – 5 days post-op)

- Wound care: Remove post-op dressing at first PT appointment and replace with 4x4 gauze and paper tape. Monitor for signs of infection
- Modalities: prn for pain and inflammation
- Brace/Sling: Until 6 weeks post-op, sling worn continuously, with abduction pillow, except during therapy or HEP sessions
- ROM:
 - Initiate PROM of shoulder as follows:
 - No shoulder adduction less than 30 degrees
 - For 6 weeks, no shoulder flexion/abduction greater than 90 degrees
 - ER as tolerated
 - No IR
- Exercises: Isometric grip strength only

Phase II (5 days – 4 weeks post-op)

- Wound care: Monitor for signs of infection
- Modalities: prn for pain and inflammation
- Brace/Sling: Until 6 weeks post-op, continue sling use, with abduction pillow, except during therapy or HEP session
- ROM: Continue with phase I:
 - No shoulder adduction less than 30 degrees
 - For 6 weeks, no shoulder flexion/abduction greater than 90 degrees
 - ER as tolerated
 - At 2 weeks post-op, begin gentle IR in scapular plane
- Strengthening: Isometric grip strengthening only

Phase III (4 weeks – 10 weeks post-op)

- Brace/Sling: At 6 weeks, D/C
- ROM:
 - At 4-6 weeks:
 - Continue with no shoulder flexion/abduction >90 degrees

- ER as tolerated
- Gentle IR in scapular plane
- At 6 weeks:
 - Initiate pulley exercises
 - Begin to AAROM and progress to AROM
 - By 8 weeks, achieve 120-140 degrees of flexion/abduction
 - For AROM flexion, begin with supine, progress to reclines, followed by standing
 - Increase IR/ER as tolerated
- Strengthening:
 - At 5 weeks post-op, may initiate sub-maximal, pain-free shoulder isometrics in all planes
 - Beginning at 6 weeks post-op, prone scapular stabilization
- Mobilizations: GH joint mobilizations Grades I, II, and III only

Phase IV (10+ weeks post-op)

- ROM: Unrestricted
- Strengthening: Initiate PRE's and progress strengthening as tolerated
- Mobilizations: GH joint mobilizations

Adapted From:

- 1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2002.
- 2) Wilk KE, Reinold MM, Andrews, JR. Type Three Rotator Cuff Repair Arthroscopic Assisted-Mini-Open Repair Large to Massive Tears (Greater than 4 cm). Winchester MA: Advanced Continuing Education Institute, 2004.