

## Large and Massive Arthroscopic Rotator Cuff Repair (> 3 cm) Post-Operative Rehabilitation Protocol

	<p><b><u>SUBSCAPULARIS INVOLVEMENT PRECAUTIONS:</u></b></p> <ol style="list-style-type: none"> <li>1. Limit Passive ER to 45° until 4 weeks post-op</li> <li>2. NO active/resisted IR until 6 weeks post-op</li> <li>3. Begin active ER early: 0 – 30° (at 30° of ABD)</li> </ol>
<p>Only follow if checked</p>	
	<p><b><u>BICEPS TENODESIS PRECAUTIONS:</u></b></p> <ol style="list-style-type: none"> <li>1. No Resisted elbow flexion for 8 weeks</li> <li>2. No Resisted shoulder flexion for 8 weeks</li> <li>3. No Lifting &gt; 1 to 2 lbs. for 8 weeks</li> </ol>
<p>Only follow if checked</p>	

**\* IF CHECKED PRECAUTIONS IN BOX ABOVE SUPERCEDE PROTOCOL**

**MAJOR OBJECTIVES** for rehabilitation are:

1. **130° passive flexion and 30° passive ER seated/standing by (6 weeks) post-op.**
2. Full PROM by 8-10 weeks and full AROM by (12 – 14 weeks).
3. Avoid Active Extension for (8 weeks)
4. No PRE's or Active or Passive extension until (8 – 10 weeks).
5. Issue pulleys to progress flexion in plane of scapula
6. **ADL BOX Immediately:** Patient can generally use arm to eat, read, wash face, brush teeth, etc. in front of body (anterior to plane of scapula) without pain.
7. Always stabilize the scapula when performing strength exercise

### I. Phase One – Protective Phase (Week 0 – 8)

**Goals:** Decrease pain and inflammation  
Protect the repair  
Prevent/Decrease glenohumeral stiffness

#### Treatment:

##### A. Post-op Week 0 – 4

1. Brace or sling (4-6 weeks based on tissue quality)
  - a. per physician instruction
2. Pendulum exercises- Immediately
3. Pulleys – Shoulder flexion (Week 1)
4. Seated Table walk-outs (walk hand out and back on table)
5. Passive Stretching in Supine:
  - a. Flexion 130°
  - b. ER in the scapular plane to 30°
6. AROM of cervical spine, elbow, and wrist
7. Grip and wrist strengthening
8. Seated scapular retractions (no shoulder extension)
9. Ice and pain modalities
9. Supine ER with wand (week 2)

10. AAROM exercises (use of cane for ER with towel under elbow)

**B. Week 4 – 8**

1. Discontinue brace or sling and continue all above exercises (**4-6 weeks**)
2. Pulley (flexion in plane of scapula)
3. Active Assisted - Supine cane Flexion to 130° (assist with non-surgical arm)
4. Supine AAROM with therapist assistance or with hands clasped
5. AROM: **NO RESTRICTIONS** (progress from supine to semi-recumbent gatching”) “gatching” is finding the critical point in their vertical angulation where they can still have some gravity resistance and work their forward elevation.
6. Scapular PNF (Start with passive, progress to active then resistive)
7. Soft tissue and joint mobilization with appropriate precautions
8. UBE- No resistance (**6 week**)
- \*9. **Isometrics (manual submaximal): ER, IR and elbow flex (week 6)**
- \*10. **Supine IR/ER in scapular plane (week 6)**
- \*11. **Theraband IR, ER, and Extension to neutral (week 7 – 8)**

**II. Phase Two – Intermediate Phase (Week 8 – 14)**

**Goals:** Establish full PROM (Week 8 to 10)  
Gradually increase strength  
Continue to decrease pain and inflammation  
Correct scapular compensations

**Treatment:**

**A. Week 8 – 10 (begin with AROM then progress with weight)**

1. Wand exercises for AROM
  - a. Flexion to tolerance
  - b. IR/ER to tolerance (progress to 90° shoulder ABD)
2. Initiate isotonic strengthening (in available ROM without compensation):
  - Supine flexion to tolerance
  - Sidelying ER
  - Biceps and triceps
  - Scapular muscles (i.e. rows with theratube)
  - Serratus punches
3. Progress to seated/standing flexion (if patient cannot elevate arm without hiking, then do more humeral head stabilization exercises and return to supine flexion progressions)
4. Single arm pull-downs with weight (**may need assistance with scapular upward rotation to prevent hiking**)
5. Supraspinatus (full can to 90° with proper scapulohumeral rhythm)
6. Prone Extension to neutral, ABD, and rowing with emphasis on scapular adduction
7. Supine rhythmic stabilization 2 positions (A. 100 degrees flexion, 20 degrees horizontal abduction) and (B. ER/IR with 45° Abduction)

**C. Week 10 – 14**

1. Continue all above exercises
2. Full AROM by 12 – 14 weeks
3. Progress rhythmic stabilization to various positions
4. PNF diagonals with isometric holds (gentle)
5. Bodyblade (begin in scapular plane and progress to more difficult positions) (**week 12**)
6. Advance and update home exercise program, including aerobic activities

**III. Phase Three – Strengthening Phase (Week 15 – 24)**

- Goals:** Maintain full, non-painful ROM  
Continue to increase strength and neuromuscular control  
Gradual return to functional activities

**Treatment:**

**A. Week 15 – 20**

1. Continue all above exercises as needed
2. Self capsular stretches
3. Aggressive strengthening program
  - a. Shoulder flexion, IR, ER
  - b. Shoulder ABD to 90 degrees
  - c. Supraspinatus
  - d. Elbow flexors/extensors
  - e. Scapular strengthening
  - f. PNF patterns
  - g. Push-ups (Plus)
4. Proprioceptive training related to specific goals and tasks
5. General conditioning program
6. Total gym
7. Trunk/core stabilization

**B. Week 21 – 24**

1. Continue above exercises
2. Plyometric exercises
3. Initiate interval sport program
4. Determine plan for carrying through with independent home or gym exercise program

**IV. Phase Four – Return to Activity Phase (Week 24 and beyond)**

- Goals:** Gradual return to recreational and sports activities  
Return to full activity at **4 months**

**Treatment:**

**A. Week 24 – 28**

1. Continue all strengthening exercises
2. Continue all flexibility exercises
3. Continue progression on interval programs
4. Determine plan for carrying through with independent home or gym exercise program
5. Common Questions with Return to Golf
  - Return to putting: 8 weeks
  - Return to Chipping and ½ swing pitches: 10-12 weeks
  - No full swings until 4 months
  - The gradually progress to playing 9 holes by 5 months post op