

Rotator Cuff Repair (Large/Massive)

Physical Therapy Protocol

GENERAL RECOMMENDATIONS

- No driving until 6 weeks post-surgery (when sling removed)
- Encourage passive ROM at home daily by family member
- Sling on at all times, including nighttime, for 4-6 weeks. Only time out is with PT, showering, and range of motion
- Blood Flow Restriction (BFR) encouraged at all stages

Weeks 0-4

Primary Goals: Eliminate swelling, regain passive range of motion

- Begin elbow and wrist ROM immediately
- 0-2 weeks: PROM – pendulums, abduction in scapular plane, elevation
- 2-4 weeks: PROM – 90 degrees forward flexion, 45 degrees ER, 20 degrees extension, 45 degrees abduction, 45 degrees ABER
- Codman's, posterior capsule mobilizations
- Closed chain scapula strengthening
- Teach home exercises

Weeks 4-8

Primary Goals: regain full PROM

- Advance PROM to full forward elevation, abduction, ABER to 90 degrees, ABIR to 45 degrees
- Begin active/active assisted ROM at 6 weeks
- Resistive strength for scapular stabilizers, biceps, triceps

Weeks 8 – 12

Primary Goals: regain full AROM

- Advance to full active range of motion
- Continue scapular strengthening
- Capsular stretching

Weeks 12-16

Primary Goals: begin resistive rotator cuff strengthening

- Resistive rotator cuff strengthening
- Painless full AROM
- Emphasize external rotation, glenohumeral stabilization
- Begin muscle endurance activities
- Cycling/running as tolerated
- Avoid heavy lifting behind body, above head or reaching out

4-6 months

Primary Goals: Increase shoulder and rotator cuff strengthening

- Advance scapular strengthening
- Advance rotator cuff strengthening, eccentric strengthening
- Begin plyometric and continue endurance activities
- Maintain flexibility
- Return to functional activities
- Return to gym program