

Rotator Cuff Repair: Large to Massive Tear

Physical Therapy Protocol

Phase I – Immediate Post-Op: Passive Range of Motion (Weeks 1–6)

Goals:

- Protect tendon repair and promote tendon-to-bone healing
- Maintain strict immobilization (sling with abduction pillow)
- Control pain and inflammation (ice, neuromuscular stimulation)

Sling:

- Worn full-time, including while sleeping
- 30–45° abduction pillow

Precautions:

- No active or passive shoulder ROM
- No weight bearing or overhead/reaching movements
- No pushing or pulling

Therapeutic Interventions:

- AROM for hand, wrist, elbow (except elbow if biceps tenodesis: avoid for 4 weeks)
- Scapular mobility (with sling on)

Criteria to Progress:

- Controlled pain and inflammation
- Adherence to sling use and precautions
- Surgeon clearance for progression

Phase II – Intermediate Post-Op: Passive Range of Motion (Weeks 6–10)

Goals:

- Initiate gentle PROM under supervision
- Minimize stiffness while protecting repair
- Continue pain control and reinforce patient education

Sling:

- Begin weaning per surgeon approval

Precautions:

- No AROM or IR (behind back)
- No weight bearing through arm
- Avoid painful or aggressive PROM

Therapeutic Interventions:

- Passive supine shoulder elevation (0–100°)
- Seated passive ER (0–30°)
- Table slides (avoid shrugging)
- Pendulum exercises (no active use)
- Scapular retraction, elevation, depression

Criteria to Progress:

- PROM: ≥ 100 –120° elevation, 25–45° ER, 90° abduction
- Controlled pain/inflammation
- Compliance with home program and restrictions

Phase III – AAROM (Weeks 10–14) and AROM (Weeks 14–18)

Goals:

- Initiate AAROM → AROM
- Begin isometric strengthening (Week 14+)
- Restore motion and function for ADLs

Precautions:

- No pain-provoking activities
- No pushing, jerking, or excessive loading
- Avoid behind-the-back motions

Therapeutic Interventions:

- Supine AAROM (shoulder flexion, abduction, ER)
- Progress to incline → upright positioning
- Assisted ER in standing (supported)
- Wall slides and wall walks (start at 12 weeks)
- AROM: standing and side-lying ER, forward reach, elevation (start at 14 weeks)
- Submaximal isometrics: flexion, extension, ER, IR

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- Standing and bent-over rows
- Manual therapy: Grade I–II joint mobs, thoracic soft tissue

Criteria to Progress:

- AROM $\geq 120^\circ$, PROM $\geq 140^\circ$, no substitution
- Appropriate scapular motion
- Tolerate ADLs and light activity below shoulder level

Phase IV – Initial Strengthening (Weeks 18–22)

Goals:

- Achieve full ROM
- Begin gradual resistance strengthening
- Progress shoulder endurance and control

Precautions:

- No lifting >5 lbs
- No jerking or overhead activities
- Avoid “empty can” and lateral raise exercises

Therapeutic Interventions:

- Stretching: pec, IR (towel), doorway ER, cross-body, sleeper (if appropriate)
- Strengthening:
 - Prone W, Y, T, I
 - Supine shoulder protraction
 - Rows, resisted ER/IR, side-lying ER
 - Forward punch, biceps curls, triceps extensions
 - Rhythmic stabilization (ball, quadruped, scaption $90-125^\circ$)
- Manual therapy: Grade III–IV mobilizations (if indicated)

Criteria to Progress:

- Full ROM with normal mechanics
- Pain-free ADLs and exercise tolerance

Phase V – Advanced Strengthening (Weeks 22–26)

Goals:

- Maximize strength, power, and endurance

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- Prepare for return to sport/work activities

Precautions:

- No lifting >10 lbs
- No overhead lifting or jerking motions
- Avoid painful movements

Therapeutic Interventions:

- ER at 45° and 90° abduction (progress to unsupported)
- IR at 90° abduction
- Full can in scapular plane (1–2 lbs max)
- Resisted PNF D1/D2
- Dynamic hug
- Push-up progression: wall → counter → floor

Criteria to Progress:

- Full, pain-free ROM without compensation
- Strength $\geq 4+/5$
- Normalized scapulothoracic mechanics
- Pain-free with ADLs

Phase VI – Return to Sport (Weeks 26–30+)

Goals:

- Resume sport and work activities
- Continue strength and mobility maintenance
- Achieve ≥ 85 –90% strength (compared to opposite side)

Precautions:

- No forceful or painful activities

Therapeutic Interventions:

- Daily home stretching routine
- 3x/week strengthening + 5–10 min cardio warm-up
- Transition to general upper extremity strengthening
- Activity-specific return to sport or work drills

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Return to Sport:

- Individualized decision based on demand and surgeon input

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