

## **REHABILITATION PROTOCOL FOR MASSIVE ROTATOR CUFF REPAIR (#2—repair with mild tension)**

### **APPOINTMENTS:**

- Clinic appointments at 8 to 12 days, then at 6 weeks, 12 weeks, 18 weeks, and possibly 24 weeks
- Physical therapy appointment starting at 6 weeks, lasting 18 to 24 weeks

### **ACUTE PHASE: Surgery to 6 weeks post-op**

- Remain in the abduction pillow or brace **AT ALL TIMES** for 4 weeks, including dressing and bathing
- Remove the Velcro straps to work on range of motion exercises for the hand, wrist and elbow
- May remove the arm from the abduction pillow or brace at 4 weeks for dressing and bathing and to begin the pendulum exercises but otherwise remain in the abduction pillow or brace
- Ice as needed
- Work Restrictions: off work for 5 days or until pain controlled by non-narcotic pain medications and then may return to work with no use of the operative arm which must remain in the pillow or brace at all times

### **PHASE I: 6 to 8 weeks post-op**

- Gradually wean out of the pillow or brace
- Begin use of the arm for activities of daily living, but no lifting
- Continue pendulum exercises
- Begin physical therapy and exercises at home daily:
  - Pulley for passive flexion and abduction to 90 degrees
  - Table slides for passive flexion and abduction
  - Passive ROM with cane for flex/ext, adduction, and IR/ER
  - Towel stretch for IR
  - Isometric strengthening
  - Modalities as needed – heat, ice, ultrasound, e-stim
  - NO ACTIVE ABDUCTION
- Work Restrictions:
  - No overhead use, no repetitive or strenuous use, and no lifting with the operative arm

### **PHASE II: 8 to 12 weeks post-op**

- No lifting, pushing, or pulling greater than 5 pounds
- Continue pendulum exercises
- Continue physical therapy and home exercises:
  - Continue pulley for passive flexion and abduction; progress to 180 degrees
  - Begin supine AAROM with therapist for flexion/extension, abduction/adduction, internal rotation/external rotation at 0 degrees abduction
  - Begin PREs for flexion/extension abduction/adduction, IR/ER at 0 degrees abduction using therabands
  - Standing supraspinatus exercise to 90 degrees with gravity resistance only
  - PNF diagonals below 90 degrees, light resistance theraband
  - Light closed chain and scapular exercises
  - Goal of FROM at end of phase II
- Work Restrictions:
  - No overhead use and no repetitive or strenuous use of the operative arm
  - No lifting, pushing or pulling greater than 5 pounds

**PHASE III: 12 to 18 weeks post-op**

- No lifting greater than 15 pounds
- Continue physical therapy and home exercises:
  - Continue P/AA/AROM stretches
  - Continue pulley for passive flexion and abduction to 180 degrees
  - Begin supraspinatus PREs
  - Progress IR/ER PRE's to 90 degrees abduction
  - Weight training for biceps, triceps
- Work Restrictions:
  - Limited overhead use and limited repetitive or strenuous use
  - No lifting, pushing or pulling greater than 15 pounds

**PHASE IV: 18 to 24 weeks post-op**

- No lifting greater than 25 pounds
- Continue physical therapy, transitioning to home exercise program if able
  - PRE's including isolated supraspinatus strengthening and prone ER at 90 degrees
  - Global strengthening
  - Begin work-related or sports-specific conditioning, if appropriate
  - Progress to work hardening/FCE if appropriate
- Work Restrictions:
  - No lifting greater than 25 pounds until 6 months
  - Goal of return to work without restrictions at 6 months