



LARGE/MASSIVE ROTATOR CUFF REPAIR

Phase I (1 – 5 days post op.)

- Wound: Pain Pump removed by nurse/therapist upon initial visit
- Edema: Edema control interventions
- Sling: Ultrasling worn continuously except in therapy or during exercise sessions
- ROM
 - Initiate PROM of shoulder
 - No shoulder Adduction less than 30 degrees
 - No Flexion/Abduction greater than 90 degrees for first 6 weeks
 - ER as tolerated
 - No IR
 - Pendulum exercises
 - A/PROM elbow, wrist & digits
- Strengthening
 - Isometric grip
- Modalities--prn for pain & inflammation

Phase II (5 days – 4 weeks post op.)

- Wound: Monitor site / Scar management techniques
- Edema and Modalities: continue Phase I
- Sling: Ultrasling worn continuously except in therapy or during exercise sessions
- ROM
 - Continue with Phase I
 - Begin gentle IR in scapular plane at s/p 2 weeks
- Strengthening:
 - Continue with Phase I

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

- Sling: Ultrasling worn continuously, except in therapy or during exercise sessions, until s/p 4 weeks. Sling must continue to be worn outdoors or in public settings for an additional 2 weeks. D/C sling at s/p 6 wks.
- ROM: at 6 weeks
 - Initiate pulley exercises
 - Initiate AROM:
 - Achieve 120 – 140 degrees of flexion/abduction by s/p 8 weeks
 - Begin with supine... progress to reclined... followed by standing AROM for shoulder flexion
 - Increase IR/ER as tolerated



ROCKFORD ORTHOPEDIC

- Strengthening: at 6 weeks
 - Prone scapular stabilization
 - At 5th wk begin sub-maximal, sub-pain threshold of shoulder isometrics all planes
- Mobs: Glenohumeral joint mobilizations up to Grade III only
- Modalities: prn for pain & inflammation

Phase IV (10 weeks + postop.)

At week 11:

- ROM: unrestricted
- Strengthening: initiate progressive resistive
- Mobs: Glenohumeral joint mobilizations

Adapted from:

- 1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. Philadelphia: Mosby; 2003
- 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.