



## Rehabilitation Protocol Massive Rotator Cuff Repair

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**Post-Op Appointments:** 1 WEEK, 5 WEEKS, 10 WEEKS, 16 WEEKS

### PHASE I (WEEKS 0 – 4) PROTECTION PHASE – HOME EXERCISES

#### Immobilization

- Sling immobilization with supporting abduction pillow to be worn at all times except for showering and exercises as instructed at first post operative visit at 1 week. Massive cuff repairs will be in the immobilizer for 6 weeks but will start therapy at 4 weeks.
- Sleep with sling on

#### Range of Motion

- Goals 120 degrees forward flexion or 80% of uninjured shoulder, 30 degrees external rotation with elbow at side.

#### Therapeutic Exercise

- No canes or pulleys during this phase
- Elbow/wrist/hand ROM and grip strengthening
- Isometric scapular stabilization
- Codman exercises/pendulums (patient basis)

#### Cardiovascular Fitness

- Stationary Bike
- Walking

#### Modalities

- Ice after PT (PRN)

### PHASE I (WEEKS 4 – 8)

#### Immobilization

- Discontinue sling immobilization at week 6

#### Range of Motion

- **4-6 WEEKS:** Gentle passive stretch to reach ROM goals from Phase I
- **6-8 WEEKS:** Begin AAROM to AROM as tolerated. Focus on proper scapular mechanics

**Therapeutic Exercise**

- **4-6 WEEKS:** Begin gentle AAROM exercises, continue with phase I exercises
- **6-8 WEEKS:** Progress to AROM. Begin biceps strengthening if tenodesis was performed.

**Cardiovascular Fitness**

- Stationary Bike
- Walking
- Jogging 6-8 weeks

**Modalities**

- Heat/Ice

**Progression**

- Patient can actively demonstrate 80% of motion as compared to uninvolved shoulder

**PHASE III (WEEKS 8 – 12)****Range of Motion**

- Progress to full AROM without discomfort

**Therapeutic Exercise**

- Continue with scapular strengthening
- Progress AROM without weight and use visualization techniques/mirrors with proper scapular mechanics
- Begin Isometric strengthening at 10 weeks for Flex, Abd, IR, ER (focus on cuff activation)
- Stretch posterior capsule at end of Phase III as needed.
- Light shoulder mobilization (grade II) can be used as needed if patient is not regaining motion.

**Progression**

- Progress to Phase IV when patient can demonstrate proper shoulder mechanics with scapulo-thoracic rhythm and humeral head depression with cuff activation. If patient has a shoulder hike continue to focus on joint mobilization, capsular stretching to regaining motion before progressing with strengthening. Continue with AROM with resistance.

**PHASE IV (MONTHS 3 – 6)****Range of Motion**

- Full without discomfort

**Therapeutic Exercise**

- Advance strengthening as tolerated: begin with isometrics and progress to light weights (1-2lbs). Incorporate PNF/Dynamic/Functional movements in later progression. Therabands can be used when full ROM is achieved during the exercise.

**Cardiovascular Fitness**

- PT/Patient discretion

**Modalities**

- As needed