



INOVA[®]

Sports Medicine

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Physical Therapy Protocol Following Large/Massive Rotator Cuff Repair

Shoulder Immobilizer: 6 weeks full time (sleep included), 2 additional weeks part-time

Post-Op Week 0-6:

Goals:

1. Minimize swelling and pain
2. Achieve staged ROM goals (avoid aggressive PROM)
3. Protect repair
4. No active shoulder ROM, lifting, supporting body weight or lifting weights with hands

Exercises Days 1-14:

1. Gentle pendulum exercises
2. Finger, hand, wrist and elbow AROM (no weight)
Elbow PROM only if biceps tenodesis is performed
3. Begin seated scapular isometrics and cervical ROM
4. Begin PROM flexion (0-90⁰) and ER at 20⁰ abduction (0-15⁰)
PROM in scapular plane

Exercises Weeks 2-3:

1. Continue PROM progression – Flexion (0-100⁰) and ER at 20⁰ abduction (0-20⁰)
No internal rotation or extension PROM
2. Begin resisted finger, hand, wrist and elbow AROM
Elbow AAROM only if biceps tenodesis is performed
3. Resume general conditioning (walking, stationary bike)
No treadmill walking or elliptical
4. Begin manual scapular strengthening exercises

Exercises Weeks 4-6:

1. Continue PROM progression - Flexion (0-125⁰) and ER at 20⁰ abduction (0-40⁰)
For subscapularis repairs, no ER past 30⁰. No cross body adduction, no active IR or IR behind the back. No supporting of body weight with affected side (ie. pushing self up from chair)
2. Begin joint mobilizations (Grades 1/2) for GH as tolerated.
3. Progress scapular isometrics as tolerated (sidelying retractions)
For biceps tenodesis-delay elbow flexion strengthening for 6 weeks
4. Scapular clock exercises
5. Begin pectoralis minor and shoulder IR flexibility

Criteria before Phase 2: Staged ROM goals achieved, minimal to no pain

Post-Op Weeks 6-8:

Goals:

1. Begin AAROM and progress to AROM per patient tolerance
2. Avoid scapular substitution
3. Independent dressing ADL's
4. Full AAROM avoiding scapular substitution

Exercises:

1. UE bike with light resistance
2. Progress scapular neuromuscular strengthening
3. Towel wipes – horizontal, diagonal and vertical

Restrictions for out of sling:

1. No lifting anything heavier than coffee cup for ADL's
2. No ROM beyond staged goals or excessive behind the back movements
3. No supporting body weight with hands or arms
4. No sudden jerk motions
5. No long lever rotator cuff strengthening exercises
6. No empty can exercises at ANY stage of rehab

Post-Op Weeks 8-12:

Goals:

1. Begin progression of AROM per patient tolerance
2. Regain FAROM by end of week 10
3. No scapular or trapezius substitution
4. No reactive inflammation with strengthening

Exercises:

1. Initiate sub-max strengthening
2. Begin closed chain UE exercises
3. Towel wipes – horizontal, diagonal and vertical
4. Progress isometrics and scapular strengthening

Criteria before Phase 3: Full AROM without pain, strengthening exercises with minimal pain

Post-Op Months 3-4:

Goals:

1. Continue with strengthening progression
2. Maintain FAROM

Exercises:

1. Light theraband exercises:
Shoulder IR/ER, horizontal abduction/adduction
2. Begin prone exercise program – **NO WEIGHT**
-Row
-Shoulder extension
-Horizontal abduction – T exercise position
-Lower trap – Y exercise position
3. Begin rhythmic stabilization exercises supine
4. Functional eccentric strengthening
5. Progress closed chain UE strengthening

Criteria before Phase 3: Full AROM without pain, 5/5 rotator cuff strength, 65-70% IR/ER isokinetic testing

Post-Op Months 4-6:

Goals:

1. Continuation of functional UE/LE strengthening/endurance
2. Initiation of throwing program

Exercises:

1. Continue strengthening with theraband – okay to progress to weights
2. Stretching program with emphasis on posterior capsule

Criteria for release to sport(s):

1. ROM is symmetric and painless
2. Strength is 90% of contralateral side
3. Completion of throwing program