



HARVARD MEDICAL SCHOOL AND  
BRIGHAM AND WOMEN'S HOSPITAL

Post-operative Rotator Cuff Protocol for Large & Massive Rotator Cuff Tears

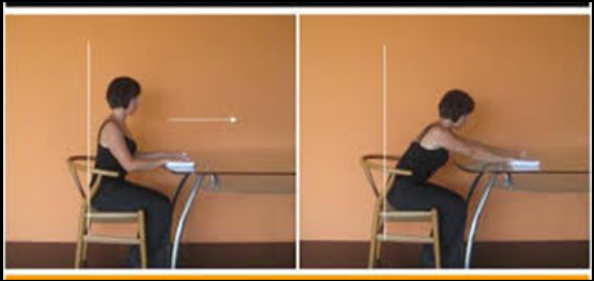
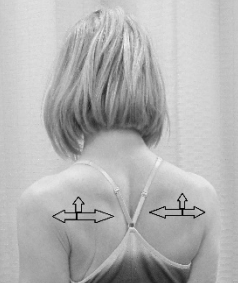


This is a four-phase protocol



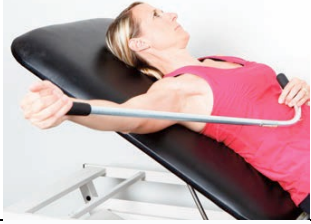

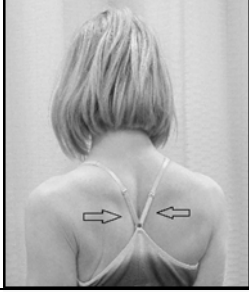

The patient is to begin therapy 6 weeks after surgery





The patient should work with therapist 1-3 x per week until released by surgeon






Do not add or skip any part of this program. If you have concerns please contact your surgeon Carolyn Hettrich at (617)525-3427

Phase 1 (6-10 weeks)	7 Exercises				
Goals	1. Primary goal is for the tissue to heal (takes <u>minimum</u> 12 weeks) 2. Control pain and inflammation				
	Motion Goals at end of phase 1 & 2	Passive Forward Elevation	Passive Ext. Rotation	Active Forward Elevation	Active Ext. Rotation
	10 weeks	120°	30°	Not tested	Not Tested
	18 weeks	>140°	>45°	120-140°	30°
Patient Instructions for Daily Living	1. The sling should be worn when in uncontrolled environments (around children/pets and in crowds), or when walking on ice/snow. 2. Use ice and cryocuff to decrease swelling/pain, and after therapy 3. No lifting/pulling/pushing 4. No reaching behind the back 5. No sports, running, or heavy activity until released by surgeon.				
Therapist Instructions	1. Patient should be working on motion in therapy 2. Exercises should be performed 10 progressing to 30 repetitions as tolerated without increasing resting pain by more than 2 points. 3. Passive range of motion begins 6 weeks after surgery. 4. Passive range of motion requires the therapist or a <u>reliable</u> assistant at home to put the arm through a comfortable range of motion while the patient is supine. 5. Motions include <b>PASSIVE</b> forward elevation, external rotation, and abduction– all within a comfortable range. 6. Scapula exercises begin at 6 weeks. 7. Scapula exercises should include shrugs, depression, retraction and protraction. 8. Hand, wrist, and elbow motion should be done frequently.				

	Table slides	
	Scapular Retraction, Protraction, Shrugging	
Phase 2 (10-14 week)	3 AAROM exercises	
Goals	<ol style="list-style-type: none"> <li>1. Protect the repair</li> <li>2. Control pain and inflammation</li> <li>3. Gain AAROM</li> </ol>	
Therapist Instructions	<ol style="list-style-type: none"> <li>1. Patient should be working on motion 2 times per day, perform 2-3 sets of 10 of each exercise</li> <li>2. This phase introduces active assisted range of motion.</li> <li>3. The patient lies supine and uses their other arm (or cane or stick) to move the affected arm into forward elevation, external rotation, and abduction.</li> <li>4. The patient does this supine at week 10.</li> <li>5. The patient does this at 45 degrees on a wedge at week 12</li> <li>6. The patient does this upright at week 14 (can use pulley if opposite shoulder is limiting motion).</li> </ol>	
Week 10	Active Assistive Flexion with stick in supine	
	Active Assistive Abduction with stick in supine	

	Active Assistive External Rotation with stick in supine	
Week 12	Active Assistive Flexion with stick at 45° incline	
	Active Assistive Abduction with stick at 45° incline	
	Active Assistive External Rotation with stick at 45° incline	
	Scapular Retraction is continued for this entire phase	
Week 14	Active Assistive Flexion with stick upright	

	Active Assistive Abduction with stick upright	
	Active Assistive External Rotation with stick upright	
Phase 3 (week 15-18)	6 Exercises	
Goals and Therapists Instructions	<ol style="list-style-type: none"> <li>1. Maintain full PROM</li> <li>2. Gain Active Elevation to 120+</li> <li>3. Gain Active Abduction to 120+</li> <li>4. Gain Active External Rotation to 45 at side</li> <li>5. Perform exercises 2 times a day progressing from 20 to 30 repetitions without increasing resting pain by 2 points AND without substitutions or scapular shrugging.</li> </ol>	
Patient Instructions for Daily Living	<ol style="list-style-type: none"> <li>1. Lifting is restricted to 10 pounds below shoulder level</li> <li>2. Reaching behind the back is allowed</li> <li>3. No pushing or pulling greater than 10 pounds</li> <li>4. No sports or heavy activity until released by surgeon.</li> <li>5. Perform Home exercises 2-3 times per day</li> </ol>	
	Active flexion to 90° with elbow bent progressing to elbow extended if can perform 30 without substitution	
	Active abduction to 90° with elbow bent progressing to elbow extended if can perform 30 without substitution	

	Active external rotation to 90° with elbow bent	
	Isometric Internal Rotation	
	Isometric External Rotation	
	Isometric Flexion	
	Isometric Extension	
Phase 4 (week 18-22)	8 Exercises	
Goals and Therapist Instruction	<ol style="list-style-type: none"> <li>1. Maintain full pain free AROM</li> <li>2. Restore strength to Upper Extremity</li> <li>3. Increase function activities</li> <li>4. Resistive exercises are progressed from isometrics to isotonic using elastic resistance or hand weights.</li> <li>5. Strengthening exercises should be performed 3-4 times per week. Progress from 2 to 3 sets of 10 as tolerated.</li> </ol>	

	6. May start to work on resisted shoulder extension, rows, ER, IR, and serratus punches.	
20-24 weeks	Goals with Physician Approval: <ul style="list-style-type: none"> <li>• Continue to progress resistive exercise through available pain free range of motion without substitution patterns</li> </ul> Initiate sport or work specific training activities	
	Precautions for weight lifting: <ul style="list-style-type: none"> <li>• No overhead press exercises</li> <li>• No bench press with elbow past body (Rolled Bath Towel on chest)</li> </ul> No behind the neck squats	