

Rotator Cuff Repair Large Tears – Unstable Tears

Pre-Operative

Fitting of abduction sling and shower sling.

Instruction in active ROM for peripheral joints (ball squeezes, pendulums, wrist, elbow, scapula and neck)

Instruct the caregiver to perform passive ROM of shoulder in flexion.

NOTE: *It is expected that when the therapist performs PROM and/or manual therapy of any sort, he or she will take into account the surgical procedure, post-op time frame, protocol, joint play/end feel and the patient's pain tolerance.*

Protective Phase

Gentle External Rotation and Abduction in Scapular plane in Rehab

Week 1

Physical therapy evaluation 3 days post-operative

Brace: Full brace and use of shower sling

Wound Care: Continue with icing

Exercise: Continue with exercises initiated at pre-operative visit, PROM flexion only

Goal: Pain Control

Week 2

Brace: Full brace and use of shower sling

Wound Care: Continue with icing, steri-strips can come off, begin scar massage

Exercise: Instruct patient in self-passive ROM flexion, ER @ side and abd in scapular plane on an exercise ball. Continue with active ROM for peripheral joints and pendulums.

Joint Mobilization: Grade I-II for pain control

Goal: Pain control, increasing independence with passive mobility

Week 3

Brace: Sling portion of brace, physician may discontinue pillow

Wound Care: Continue with icing

Exercise: Continue with active ROM for the peripheral joints and pendulums, PROM flexion, ER and scaption.

Joint Mobilization: Grade I-III for pain control and increasing mobility

Goal: Pain control, increasing independence with passive mobility

Week 4

Brace: Sling only – physician may discontinue sling, NO AROM

Wound Care: continue ice

Exercise: Instruct patient in the use of pulleys for flexion and scaption. Instruct patient in isometrics – sub maximal - in all planes resisting to tolerance.

Continue with active ROM for the peripheral joints and pendulums, PROM flexion, ER and scaption.

Joint Mobilization: Grade I-III for pain control and increasing mobility

Goal: 50-75% of non-operative shoulder ROM

Week 5

Brace: Sling only – physician may discontinue sling, NO AROM

Wound Care: Ice after exercise

Exercise: Instruct patient in AAROM (wall walks), in flexion and scaption. Focus on proper scapulothoracic and glenohumeral joint mechanics.

Continue shoulder retraction / depression/ backward circles, and PROM flexion

If sling has been discontinued, the peripheral joint AROM may be discontinued.

Joint mobilization: Grade IV in all planes to restore mobility of the glenohumeral joint and scapulothoracic joint if needed.

Goal: 75% of non-operative range should ROM

Week 6-7

Brace: Discontinue the use of the sling

Wound Care: Ice after exercise

Exercise: Begin Abduction and External Rotation PROM and AROM. Instruct patient in AROM in all planes: 0-180 degrees flexion, 80 degrees abduction, side lying internal and external rotation, bilateral horizontal abduction and extension against gravity (hips flexed to 90 with head resting on table, prone or over a Swiss ball). Begin with 1 set of 10, 3 times per day and increase by week 8 to 3 sets of 10, one time per day. Stretches should continue 3 times per day.

Continue wall or wand stretches, Begin internal rotation stretching.

Discontinue isometrics

Joint Mobilization: Grade IV all planes glenohumeral and scapulothoracic

Goal: Full PROM, 50% AROM, 3-/5 strength

Week 8-10

Wound Care: Ice after exercise

Exercise: Begin resisted ROM in the same planes with very lightweight. Begin with 1 set of 10, 3 times per day and work up to 3 sets of 10 one time per day as tolerated. Begin scapular stabilization exercises such as wobble board and wall push up plus.

Joint Mobilization: Grade IV all planes glenohumeral and scapulothoracic

Goal: Full PROM, 50% AROM, 3-/5 strength

Expected number of visits: 10

Circumstances requiring additional visits:

Cervical pathology	Post surgical infection
Multiple injury sites	Poor scapulothoracic/ glenohumeral mechanics
Tendonitis/ Bursitis	Adhesive capsulitis
Job requiring extensive strength training	
Sports that will require addition visits for plyometric and throwing training	

Criteria for Discharge

- 90% of non-surgical ROM
- 4-4+/5 strength that is showing continuing improvement
- Independence with home exercise program