



This protocol uses the same components as that for small to medium tears but introduces most of them at later stages. The course is much slower post-operatively with more precaution to protect the repair.

- Dr. Sanders patients will come to PT evaluation and 1 additional PT visit for 2 wk post op check at McCallie office. Then, patients will not return to PT until 6 wks post op.
- Dr. Sanders' patients will have no manual therapy until they return to PT at 6 wks post op
- Keep shoulder at 0° of scaption (45° abd) to stretch ER through Phase 2 for Dr. Sanders patients
- Hold resistive strengthening until 12 weeks for Dr. Bell and Dr. Sanders patients
- May begin AAROM at 6 wks post op for Dr. Bell patients and Dr. Arnold patients

Phase 1: Immediate Post-Surgical Phase weeks 1-4

Goals:

- Maintain integrity of repair
- Gradually increase PROM
- Diminish pain and inflammation
- Prevent muscular inhibition

ROM Goals/Precautions:

- Flexion to 90°
- Scaption (scapular plane) to 90°
- External rotation (ER) and internal rotation (IR) in 30° of scaption (scap)* (scapular plane) no >30° of rotation in either direction

Precautions:

- Maintain arm in sling
- No lifting of objects
- No excessive shoulder extension
- No excessive stretching or sudden movements
- No supporting of body weight by hands
- Keep incisions clean and dry
- BICEPS TENODESIS is performed:
No resisted elbow flexion or forearm supination for 6 wks
- Avoid shoulder horizontal adduction, extension and hand behind back until 12 weeks post-op
- Wear sling or abduction brace (physician's decision) until 6 wks post op

Exercises:

- Pendulums* (passive, small amplitude movements) *For Dr. Sanders patients- arm hangs only, no pendulums
- Table walks
- Table slides*-passive flexion and scap (seated, arm resting on table with passive shoulder movement produced by trunk flexion/side bending) *For Dr. Sanders patients-no table slides in scap, flexion only
- Active scapular protraction and depression (limit retraction and elevation)
- Hand gripping-putty, digiflex
- Wrist AROM-flexion, extension (with involved arm supported)
- Elbow AROM-flexion, extension (if NO bicep tenodesis)
- Forearm AROM-pronation, supination (if NO bicep tenodesis)
- Cervical AROM-flexion, extension, bil sidebending, bil rotation
- Upper trapezius stretch
- Levator Scapulae stretch
- Scalene (ant, mid, post) stretch

Phase 2: Protection Phase weeks 4-8

Goals:

- Protect repair
- Manage inflammation and pain

ROTATOR CUFF PROTOCOL FOR LARGE-MASSIVE TEARS

- Gradual improvement in PROM, per guidelines

ROM Goals/Precautions:

- Flexion to at least 105° slowly progressing to at least 75% of normal
- PROM by 8 weeks
 - Scap to at least 105° slowly progressing to at least 75% of normal
 - ER in scapular plane no >45° initially then slowly progressing to at least 75% of normal
 - IR in scapular plane no >35° initially then slowly progressing to at least 75% of normal

Precautions:

- May come out of sling at 6 wks post op, unless otherwise directed by physician
- Sleep in sling until physician d/c
- Cont precautions from previous phase
- Avoid forward head, rounded shoulder posture and promote thoracic extension

Exercises:

- Cont exercises from above as necessary, within guidelines listed, per physician
- Shrugs
- Pinches
- Seated thoracic extension with roll behind back

***For Dr. Bell's and Dr. Arnold's patients, may begin AAROM at 6 weeks

Phase 3: Intermediate Phase weeks 8-12

Goals:

- Preserve integrity of the repair
- Tolerate initiation and progression of active shoulder flexion and scap without compensatory hiking
- Restore functional PROM in all planes with normal movement patterns
- Decrease pain and inflammation

- Tolerate initiation of sub-max, pain free muscle activation exercises
**For both Dr. Bell's and Dr. Sanders' patients, no resistive strengthening until 12 weeks

Precautions:

- Avoid performing over shoulder height
- Avoid sudden or ballistic movements
- No aggressive strengthening
- Avoid lifting, pulling, pushing of object

Exercises:

- Cont appropriate exercises listed above
- Supine wand ER, flex
- Pulley
- UBE – no resistance
- Sidelying scaption, ER
- Standing scaption, flexion- begin with short lever arm, progress to long lever arm
- Supine flexion with hands clasped
- Bicep curls
- Bent over tricep extension
- Wall slides
- Sub-max isometrics of non-involved tendons
- Prone rows

*** For Dr. Bell's pts NO RESISTIVE STRENGTHENING until 12 weeks

Phase 4: Light Strengthening Phase weeks 12-20

Goals:

- Facilitate and maintain functional ROM and quality of movement
- Tolerate progression of program for muscular strength and endurance
- Begin light resistance, adding isometrics of involved tendons, progressing to isolated AROM against gravity

Precautions:

- Avoid sudden lifting, jerking, pushing, pulling movements
- No uncontrolled movements
- Avoid heavy lifting especially above shoulder height (weight lifted must not cause pain or compensatory hiking)

Exercises:

- Cont appropriate exercises listed above
- Prone- horizontal abduction, flexion, extension, IR towel stretch
- IR/ER in sidelying with weights
- Ceiling punches
- With band- IR/ER, shoulder extension, rows, punches
- Supine open can, progress to standing
- Wall push-ups
- Quadruped opposite arms, progress to opposite arms/legs
- Ball rolling on table, progress to wall
- Box walking on table
- Thoracic extension stretch supine with foam roll
- Drawing box with band
- Dead bug
- Anti-rotation sidestepping with resistance
- Wall angels
- Open books
- With band/weight- bicep curls, hammer curls, tricep extension
- Upper quadrant reach combination
- Quadruped shoulder stabilization on airex/balance disk
- Fitter-push/pull, side to side
- Band/weight- Overhead tricep extension, horizontal abd/add
- IR/ER 90/90 with band
- Ball toss on rebounder SLS, progressing to airex/BOSU
- Squatting anti-rotation press
- Standing trunk rotation with band (arms extended in front of body)



Phase 5: Work/Sport Specific Phase weeks 20-30

Goals:

- Incorporate work/sport simulation drills into strength, endurance, flexibility, dynamic stabilization, and plyometric exercises

Exercises:

- Body blade- IR/ER, flex/ext, abd/add, horizontal abd/add
- Squats with chest press and/or military press
- Kneeling diagonal chops progress to standing with band/weights
- Warrior walks
- Planks progress to side planks
- Box walking on floor
- Wall clocks with band
- PNF D2 progress to band
- Table pushups progress to floor pushups to BOSU pushups
- Inch Worm
- I's, Y's, T's on t-ball
- Mountain climbers