

## Large Rotator Cuff Repair Protocol

Sling should be worn for approximately 6 weeks per Dr. Driscoll's instruction. May remove for treatment. Patient may also remove sling for activities such as eating, writing, computer work, and personal hygiene. Please provide daily home program for each phase.

**PHASE 1 (weeks 1-6) Goals - pain control, reduction of inflammation, initiation of passive range of motion (PROM) with pendulums, maintenance of scapulothoracic function, & maintenance of cardiovascular health. Avoid active range of motion (AROM) and shoulder strengthening.**

### PHASE 1A (weeks 1-2)

- Remove sling three times per day for the following:
  - Active range of motion at wrist, elbow and hand
  - Scapular protraction and retraction, elevation and depression
  - Squeeze exercise ball often
- Use ice to control pain and inflammation
- Maintain cardiovascular health using walking or exercise bike

### PHASE 1B (weeks 3-6)

- Continue phase 1A regimen
- Add pendulum exercises
- Lower extremity and trunk exercises (no bouncing)

**PHASE 2 (week 7 through month 4) Goals - restoration of normal glenohumeral and scapulothoracic motion through to progression of passive, active-assisted, and active ROM, maintenance of scapulothoracic function, & maintenance of cardiovascular health.**

- Range of motion:
  - Weeks 7-9:
    - Add passive forward elevation supine or with pulley
    - Add passive external rotation supine or with cane, limit at contralateral external rotation
    - Passive internal rotation using cane or pulley
    - **No strengthening. No aggressive stretching. No AROM.**
  - Weeks 10-12:
    - Active-assisted ROM supine or with pulley to overhead forward elevation
    - Active-assisted external rotation supine with cane, limit at contralateral external rotation
    - Active-assisted internal rotation behind back with cane or pulley
    - **No strengthening. No aggressive stretching.**
  - Month 4:
    - Progress to include AROM with goal of symmetry to contralateral side (if normal)

- **No strengthening.**
- Continue modalities for control of pain and inflammation as needed
- Continue scapular range of motion and initiate scapular isometrics
- Initiate hand, wrist, and elbow isometrics
- Continue lower extremity and trunk exercises (no bouncing)
- Maintain cardiovascular health using walking or exercise bike

**PHASE 3 (Months 5-6) Goals - strengthening, correcting residual deficits in ROM and glenohumeral/scapulothoracic dynamics, maintenance of cardiovascular health, and preparation for return to activity/sport.**

- Continue range of motion regimen without restrictions
- Gradually initiate isometric and theraband rotator cuff strengthening
  - Begin with lowest resistance and progress gradually
    - Internal and external rotation with arm at the side (deltoid and cuff)
    - Biceps curl, triceps push-down, and row exercises (biceps, triceps, and scapular stabilizers)
  - No overhead lifting. No acceleration of the arm in sport.
- Maintain cardiovascular health with walking, exercise bike, jogging, etc.
- Progress lower extremity and trunk exercises

**PHASE 4 (> 6 months) Goals - Pain-free full ROM, normalized strength, return to sport or activity program.**

- Continue phase 3 strengthening
- Avoid overhead lifting for 1 year
- Clearance to return to sport or weight training based on surgeon's exam (often limited until 1 year in large and massive tears)