



Large-Massive Rotator Cuff > 3 mm /Subscapular Repair

Rotator Cuff Revision

Physicians Specific Notes

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- Sling for 0-6weeks, except may remove sling for shower
- PT PROM 0- 6 weeks measurements supine flexion, ER at side
- Cold and warm PROM measurements preferred in supine when able at 90/90 in ER and IR
- 1st PT visit 4 weeks post op
- 2nd PT visit 6 weeks
- 6 -12 weeks post op: PT 1 to 2 times a week
- 12+ 2x/week
- **Precautions for Subscapularis Repair: until 12 weeks**
 - No ER past 30 degrees
 - No cross-body adduction
 - No active IR or IR behind back
 - No supporting of body weight on affected side (i.e. pushing up from chair)

Phase I Weeks 0-6	<p>Goals: protect repair, decrease swelling</p> <p>Continue with sling until 6 weeks</p> <p>Active elbow flexion and extension with the arm at side</p> <p>Ball squeezes are encouraged throughout the day</p> <p>Isometric scapular retraction</p>
Phase II Weeks 6-12	<p>Goals:</p> <ul style="list-style-type: none"> ● 12 weeks: 120 degrees flexion, ER 40-60 at 90/90 ● <i>*notify surgeon if too much motion too quickly or if too much crepitus</i> <p>Table slides to 90 flexion 6-8 weeks, 120 flexion 8-10 weeks, 160 10-12 weeks</p> <p>Passive ER at the side with a stick</p> <p>Overhead pulley for PROM</p> <p>No long axis AROM(straight arm raise reclined or in standing)</p> <p>Manual Therapy: PROM in all planes, IR to be delayed until 12 weeks due to stress on RTC, may begin Grade I-II GH oscillations, and thoracic PA mobilizations</p> <p>Progression Criteria:</p> <p>PROM goals achieved</p> <p>Minimal to no pain with ROM</p>



Phase III Weeks 12	<p>Goals: no pain, I HEP for AROM Stretching</p> <p>Isometrics/isotonic with short lever arms</p> <p>4 pack strengthen exercises:</p> <ul style="list-style-type: none">-Resisted IR-Resisted ER-low row-bicep curl <p>Prone row, prone extension no resistance to small weights</p> <p>Wall washes horizontal, diagonal and vertical</p> <p>Manual Therapy: GH mobilization to promote flexion and ER if ROM delayed at 12 weeks progress to grade III-IV</p> <p>Progression Criteria</p> <p>WFL pain free AAROM</p> <p>4/5strength</p> <p>No pain</p>
Phase IV 16 weeks	<p>Goals: Dr. Cullen 120-130 degrees of flexion, 80% of ROM</p> <ul style="list-style-type: none">-Add powerband exercises i.e. wall walks, wall clocks-Continue with isotonic exercises for periscapular and RTC progressing to shoulder height and above when indicated-Consider trunk stabilization prior to extremity movement i.e. plank, half kneeling-Initiate partial table push up with trunk stabilization as focus rather than depth <p>Manual Therapy: Any manual therapy techniques as needed</p> <p>Progression Criteria</p> <p>Full pain free AROM</p> <p>5/5 strength</p> <p>No pain or tenderness</p>
Phase V Six months	<p>Goals: Anticipate gains for up to 1 year</p> <p>No return to sport until 9 months but may depend on sport i.e. throwing requires physician approval but may be able to chip and putt with golf.</p> <p>Return to gym activities with avoidance of activities with rapid acceleration or high impact i.e. overhead lifting</p>



References:

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Gallagher BP, Bishop ME, Tjounmakaris FP, Freedman KB. Early versus delayed rehabilitation following arthroscopic rotator cuff repair: A systematic review. *Phys Sportsmed*. 2015;43(2):178-187. doi:10.1080/00913847.2015.1025683

Coda RG, Cheema SG, Hermanns CA, et al. A Review of Online Rehabilitation Protocols Designated for Rotator Cuff Repairs. *Arthrosc Sports Med Rehabil*. 2020;2(3):e277-e288. Published 2020 May 29. doi:10.1016/j.asmr.2020.03.006