


## *Rotator Cuff Repair Protocol: Very Large Tears or what are termed “Massive Tears”* *This is the very conservative therapy protocol.*

\*Refer to physical therapy referral for specific instructions related to patient progression\*

### *Phase 1 (weeks 0-6): Protection*

Rehabilitation Goals:	<ul style="list-style-type: none"> <li>• Protect surgical repair</li> <li>• Patient education</li> <li>• Pain/swelling control</li> <li>• Maintain distal UE ROM</li> <li>• <b>May hold formal PT until 6 wks p/o if comfortable performing pendulum exercises independently</b></li> </ul>
Sling:	<ul style="list-style-type: none"> <li>• Sling to be worn for <b>8 weeks</b>. May begin to wean from sling at 8 wks p/o (Patients may wish to sleep in sling and wear in public for 2-3 additional weeks for comfort and protection)</li> <li>• 24 hours/day except when performing prescribed home exercises and dressing/showering (If careful, the sling can be removed while sitting and watching TV, etc.)</li> </ul>
Hygiene:	<ul style="list-style-type: none"> <li>• Still go to Physical Therapy for at least the first visit</li> <li>• Your PT may feel beneficial to go at least once a week</li> <li>• Original dressing removed POD-2</li> <li>• Allow steri strips to come off on their own</li> <li>• Patient may shower normally, no need to keep steri-strips dry. Allow the strips to fall off on their own. Do not lift arm in shower. Once dry, return to wearing sling.</li> </ul>
Interventions:	<p>Modalities:</p> <ul style="list-style-type: none"> <li>• Ice (10-20 minutes every waking hour during acute phase is ok but more reasonable may be 3-4 times per day)</li> <li>• May implement E-STIM for pain control PRN when not contraindicated</li> <li>• May begin MHP as needed starting 7-10 days p/o</li> </ul> <p>Therapeutic Exercise:</p> <ul style="list-style-type: none"> <li>• +/- Pendulums only for 6 wks (refer to script)</li> </ul>  <p><b>***NO AROM/PROM***</b></p>
Precautions:	<ul style="list-style-type: none"> <li>• No active involved shoulder movement</li> <li>• No lifting/carrying</li> <li>• Avoid heavy lifting activities with the contralateral UE</li> </ul>

	<ul style="list-style-type: none"> <li>• No weight-bearing</li> </ul>
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*Phase 2A (weeks 6-8): PROM*

Rehabilitation Goals:	<ul style="list-style-type: none"> <li>• Continue to protect surgical repair</li> <li>• Minimize pain</li> <li>• ROM progression</li> </ul>
Sling:	<ul style="list-style-type: none"> <li>• May begin to transition out of sling at 8 wks p/o</li> <li>• (Patients may wish to sleep in sling and wear in public for 2-3 additional weeks for comfort and protection)</li> </ul>
Interventions:	Modalities: <ul style="list-style-type: none"> <li>• CP, MHP, and ESTIM as needed for pain/swelling control</li> </ul> PROM only: <ul style="list-style-type: none"> <li>• Flexion and elevation in scapular plane</li> <li>• ER/IR in scapular plane</li> </ul>
Precautions:	<ul style="list-style-type: none"> <li>• No lifting/carrying</li> <li>• No active shoulder movement</li> </ul>

*Phase 2B (weeks 8-12): Controlled Movement*

Rehabilitation Goals:	<ul style="list-style-type: none"> <li>• Continue to protect surgical repair</li> <li>• Minimize pain</li> <li>• ROM progression</li> <li>• Reinforce proper scapulohumeral rhythm</li> </ul>
Interventions:	Modalities: <ul style="list-style-type: none"> <li>• CP, MHP, and ESTIM as needed for pain/swelling control</li> </ul> ROM/Mobility: <ul style="list-style-type: none"> <li>• Slowly progress ROM (PROM-&gt;AAROM-&gt;AROM)</li> <li>• No aggressive behind the back stretching</li> </ul>

*Phase 3 (weeks 12+): Strengthening (refer to script)*

**\*\*\*Strengthening phase may be delayed to 4 months p/o for certain patients\*\*\***

Rehabilitation Goals:	<ul style="list-style-type: none"> <li>• Improve shoulder strength and endurance</li> <li>• Prepare for gradual return to functional activities</li> <li>• Achieve ROM equal to contralateral side</li> <li>• Improve neuromuscular control and shoulder proprioception</li> </ul>
Interventions:	<ul style="list-style-type: none"> <li>• Slow progression of isotonic and isokinetic strengthening</li> <li>• Initiate cuff strengthening in neutral with slow progression toward higher degrees of elevation as appropriate</li> <li>• Progressive scapular strengthening</li> <li>• Advance dynamic GH joint stabilization drills</li> </ul>
Precautions:	<ul style="list-style-type: none"> <li>• LLA isotonic strengthening should be performed with light weights</li> </ul>

