
Type III: Arthroscopic Rotator Cuff Repair Large to Massive Tears (Greater than 4 cm)

Precautions:

1. Maintain Arm in Brace, Remove Only for Exercise
2. No active motions away from body
3. No Lifting of Objects
4. No Excessive Shoulder Extension
5. No Excessive or Aggressive Stretching or Sudden Movements
6. No Supporting of Body Weight by Hands
7. Keep Incision Clean & Dry

I. **Phase I - Immediate Post-Surgical Phase (Day 1-10)**

Goals: Maintain Integrity of the Repair
Gradually Increase Passive Range of Motion
Diminish Pain and Inflammation
Prevent Muscular Inhibition

Day One to Six:

- Sling or Slight Abduction Brace **Physician Decision regarding duration (6-8 weeks)
- Pendulum Exercises 2-3x daily (flexion, circles)
- Active Assisted ROM Exercise (L-Bar)
 - ER/IR in Scapular Plane
 - Passive ROM
 - Flexion to tolerance to approximately 60 degrees maximum
 - ER/IR in Scapular Plane (Gentle ROM)
- Elbow/Hand Gripping & ROM Exercises
- Submaximal Gentle Isometrics
 - Flexion
 - External Rotation
 - Internal Rotation
 - Elbow Flexors
- Scapular control exercises & postural exercises
- Cryotherapy for Pain and Inflammation
 - Ice 15-20 minutes every hour
- Sleeping
 - Sleep in Sling or Brace

Day Seven to Ten:

- Continue Use of Brace or Sling
- Continue Pendulum Exercises
- Progress Passive ROM to Tolerance
 - Flexion to at least 90 degrees
 - ER in Scapular Plane to 35 degrees
 - IR in Scapular Plane to 35 degrees

- Continue Elbow/Hand ROM & Gripping Exercises
- Continue scapular exercises & postural exercises
- Continue Submaximal Isometrics
 - Flexion with Bent Elbow
 - Extension with Bent Elbow
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 - ER/IR with Arm in Scapular Plane
 - Elbow Flexion
- Continue Use of Ice for Pain Control
 - Use Ice at least 6-7 times daily
- Sleeping
 - Continue Sleeping in Brace until Physician Instructs

Precautions:

8. Maintain Arm in Brace, Remove Only for Exercise
9. No Lifting of Objects
10. No Excessive Shoulder Extension
11. No Excessive or Aggressive Stretching or Sudden Movements
12. No Supporting of Body Weight by Hands
13. Keep Incision Clean & Dry

II. Phase II - Protection Phase (Day 11 – Week 6)

Goals: Allow Healing of Soft Tissue

Do Not Overstress Healing Tissue

Gradually Restore Full Passive ROM (Week 4-5)

Re-Establish Dynamic Shoulder Stability

Decrease Pain & Inflammation

Day 11 – 14:

- Continue Use of Brace
- Passive Range of Motion to Tolerance
 - Flexion 0 - Approx. 125 degrees
 - ER at 45 degrees abduction to at least 45 degrees
 - IR at 45 degrees abduction to at least 45 degrees
- Active Assisted ROM to Tolerance
 - ER/IR in Scapular Plane at 45 deg abduction
- Dynamic Stabilization Drills
 - Rhythmic Stabilization Drills
 - ER/IR in Scapular Plane
- Continue All Isometric Contractions
- Continue Use of Cryotherapy as needed
- Continue All Precautions

Week 3 - 4:

- Initiate AAROM Flexion in Supine (Therapist supports arm during motion) if patient can tolerate
- Continue all exercises listed above
- Progress Passive ROM till approx. Full ROM at Week 4-5
- Initiate Prone Rowing to Neutral arm Position

- Initiate Isotonic Elbow Flexion
- Continue use of ice as needed
- May use heat prior to ROM exercises
- May use pool for light ROM exercises
- Continue Use of Brace during Sleeping Until End of Week 6
- Discontinue Use of Brace at End of Week 6

Week 5 – 6:

- May use heat prior to exercises
- Continue AAROM and Stretching exercises
- Initiate Active ROM Exercises
 - Shoulder Flexion Scapular Plane
 - Shoulder Abduction
- Discontinue shoulder brace at end of week 6
- Progress Isotonic Strengthening Exercise Program
 - ER/IR Tubing at 0 deg abduction (lightest theraband)
 - Side-lying ER (just AROM)
 - Prone Rowing at 45 deg of abduction
 - Biceps Curls
 - Continue rhythmic stabilization exercises for ER/IR at 45 deg abduction
 - Initiate rhythmic stabilization for Flex/Ext at 90 deg elevation (LIGHT RESISTANCE)

Precautions:

1. No Lifting
2. No excessive behind the back movements
3. No Supporting of Body Weight by Hands & Arms
4. No Sudden Jerking Motions

III. Phase III – Intermediate Phase (Week 7-14)

Goals: Full Active ROM (Week 10-12)
 Maintain Full Passive ROM
 Dynamic Shoulder Stability
 Gradual Restoration of Shoulder Strength & Power
 Gradual Return to Functional Activities

Week 7:

- Continue Stretching & PROM (as needed to maintain full ROM)
- Continue Dynamic Stabilization Drills
- Progress Strengthening Program
 - ER/IR Tubing
 - ER Side-lying
 - Full Can in Scapular Plane* (Active ROM Only) perform in side-lying if necessary
 - Prone Rowing at 45 deg abduction
 - Prone rowing at 75-80 deg abduction
 - Elbow Flexion
 - Elbow Extension

*Patient must be able to elevate arm without shoulder or scapular hiking before initiating

isotonics; if unable, continue glenohumeral dynamic stabilization exercises.

Week 8-10:

- Continue all exercise listed above
- Progress to active full can
- If physician permits, may initiate Light functional activities below shoulder height

Week 14:

- Continue all exercise listed above
- Progress to Independent Home Exercise Program (Fundamental Shoulder Exercises)

IV. Phase IV – Advanced Strengthening Phase (Week 16 - 22)

Goals: Maintain Full Non-Painful ROM
Enhance Functional Use of UE
Improve Muscular Strengthen & Power
Gradual Return to Functional Activities

Week 16:

- Continue ROM & Stretching to maintain full ROM
- Initiate light resistance training
- Progress Shoulder Strengthening Exercises
 - Fundamental Shoulder Exercises

Week 20:

- Continue all exercises listed above
- Continue to Perform ROM Stretching, if motion is not complete

V. Phase V – Return to Activity Phase (Week 23 - 30)

Goals: Gradual Return to Strenuous Work Activities
Gradual Return to Recreational Sport Activities

Week 23:

- Continue Fundamental Shoulder Exercise Program (at least 4 times weekly)
- Continue Stretching, if motion is tight

Week 26:

- May initiate interval sport program (i.e., golf, etc)