

# **Massive Rotator Cuff Repair**

## **Physical Therapy Protocol**

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**Patient Name:** \_\_\_\_\_

**Date of Surgery:** \_\_\_\_\_

### ***Associated Procedure (circled if applicable):***

- Subacromial Decompression
- Labral Debridement
- Biceps Tenodesis:
  - Weeks 0-4: No resisted elbow flexion.
- Distal Clavicle Resection:
  - Weeks 0-8: No cross-body adduction, abduction  $>90^\circ$ , or rotation in  $90^\circ$
- Partial Subscapularis Repair:
  - Weeks 0-4: No ER  $>0^\circ$
  - Weeks 4-6: No ER  $>30^\circ$
  - Weeks 6-12: Begin active IR
  - Weeks 12+: Begin resisted IR
- Complete Subscapularis Repair
  - Weeks 0-6: No ER  $>0^\circ$
  - Weeks 6-8: No ER  $>30^\circ$
  - Weeks 8-12: Begin active IR
  - Weeks 12+: Begin resisted IR
- Patch Augmentation

**\_\_ Phase I (0-8 wks): *Period of protection: In general, sling should be worn at all times during this phase (except for hygiene and PT). Passive shoulder ROM only (ie. NO active ROM). No cuff strengthening until after 3 months. PT starts 3 weeks post-operatively.***

### **PLEASE NOTE:**

- **NO shoulder extension or combined extension/abduction**
- **NO internal rotation behind the back**
- **NO UBE or Body Blade**

### **Weeks 0-3:**

- Sling at all times (except for hygiene and pendulums); pillow behind elbow at night to prevent extension.
- Home exercises (pendulums, elbow + wrist ROM, grip strengthening).

### **Weeks 3-8 (start formal physical therapy):**

- Sling at all times (except for hygiene and PT); pillow behind elbow at night to prevent extension.
- **ROM: PASSIVE ROM ONLY.** Forward elevation, ER with arm at side, abduction without rotation, as outlined to the maximums listed below:
  - Scapular plane forward elevation: 140°
  - ER with the elbow at the side: 30°
  - Abduction 60-80° without rotation.
  - \*No shoulder extension.
  - \*No internal rotation.
- **Strengthening:** NONE except grip strengthening.
- Heat before, ice after.

**Phase II (8-12 wks): Transition to active motion and protected strengthening.**  
**STILL NO SHOULDER EXTENSION OR COMBINED EXTENSION/ABDUCTION.**  
**NO UBE or BODY BLADE**

- D/C sling if cleared by MD
- **ROM:**
  - Light passive stretching at end ranges.
  - Begin AAROM (canes, pulleys, etc.) and progress from supine to vertical as tolerated. Progress to AROM.
- **Strengthening:**
  - Begin periscapular, pec/latissimus/trapezius isometrics with arms below shoulder level @ 6wks.
  - Begin deltoid and cuff isometrics with arm at the side.
  - **No resisted shoulder motions until after 12 wks.**

**Phase III (3-9 months): Begin gentle cuff strengthening and progress to sport-specific/occupational-specific rehab**

- **ROM:** Full AROM as tolerated. Passive stretching at end ranges if full motion not achieved.
- **Therapeutic Exercises:**
  - Advance as tolerated from isometrics → bands → light weights (1-5lbs) with 8-12 reps x 2-3 sets for cuff, deltoid, scapular stabilizers. Only perform 3x/wk to avoid cuff tendonitis.
  - Begin eccentrically resisted motions, plyometrics (weighted ball toss), proprioception (body blade)
  - @ 4.5 Months
    - Begin sports-specific/occupation-specific rehab and advance conditioning
- Work
  - Overhead work without lifting is possible at 6 months
  - Can resume heavy labor once full strength achieved (~9-12 months)
- Throwing/Racquet Sports
  - If full strength, may initiate throwing/racquet program at 6mo
  - Throwing from pitcher's mound at 9 months