



Dr. Larry "Chip" Bankston

Massive Rotator Cuff Repair Protocol

Recommendations

- Wear abduction pillow/sling for 6 8 weeks.
- Encourage PROM(Passive Range of Motion) at home <u>daily</u> by family member for the first 6 8 weeks.
- Ice shoulder 3 4 times daily in supported abduction to facilitate circulation and decrease pain.
- No shoulder extension for 4 6 weeks to protect the anterior deltoid.
- No shoulder adduction past abduction pillow position ($\sim 45^{\circ}$ abduction) for 6 weeks to protect repair.
- PROM limitations should be dictated by the physician.
- Communicate with the physician regarding the specifics of the repair including the <u>location and size of</u> the tear, the <u>tissue quality</u> and <u>post-op limitations</u>, and <u>modify the protocol accordingly</u>.
- Return to work and sport to be determined on an individual basis by the physician.

Post-Op Protocol

0 - 6 Weeks

- Instruct family member in proper PROM techniques and ROM limitations (Have them perform a supervised demonstration!).
- Emphasize proper posture when sitting and standing.
- Wean from abduction pillow to sling at 6 weeks unless otherwise directed by physician.
- 1. PROM from pillow position within specified ROM limitations.
- 2. AROM of elbow, wrist and hand with arm supported (i.e. no shoulder extension).

6 - 8 Weeks

- Discontinue sling by 8 weeks.
- 1. Begin PROM toward 0° abduction.
- 2. Progress to self-assist PROM including UBE (no shoulder extension), pulleys and supine external rotation at side with wand (Make sure patient keeps elbow supported and flexed to 90°.

8 - 10 Weeks

- Begin AAROM within pain-free ROM.
- 1. Begin submaximal isometrics all planes.
- 2. Self-assist forward elevation with wand with slow progression from supine to

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standing position.

- 3. Gentle open kinetic chain rhythmic stabilization progression in supine.
- 4. Begin general cardiovascular training (as appropriate) including walking, stationary cycling, etc.

10 - 12 Weeks

- Begin AROM within pain-free ROM.
- 1. Begin AROM with emphasis on rotator cuff exercises (without resistance) including standing forward elevation ($\leq 90^{\circ}$) and side lying internal and external rotation. *Progress to prone horizontal abduction (thumbs up) at 100° and 90° of abduction, prone external rotation in $90/90^{\circ}$ position, and prone extension, all within pain-free ROM.
- 2. Initiate scapulothoracic strengthening exercises including supine ceiling punches and seated rows. *Progress to prone horizontal abduction (thumbs up) at 150° and 90° of abduction (last 20° of available range only).
- 3. Begin gentle closed kinetic chain (CKC) balance and stabilization progression.

12 - 14 Weeks

- Progress AROM within pain-free ROM.
- 1. Progress self-stretching exercises including door frame hang for forward elevation, corner stretch for abduction/external rotation, etc.
- 2. Begin upper extremity endurance training on UBE as appropriate.
- 3. Initiate gentle internal rotation stretching behind back.

14 - 16 Weeks

- Begin RROM within pain-free ROM.
- 1. Begin PRE's with hand weights, theraband, etc. as tolerated, focusing on rotator

cuff and scapulothoracic strengthening within pain-free ROM.

- 2. Initiate manual resistive exercises including PNF techniques.
- 3. *Begin isokinetic internal and external rotation (0° abduction \rightarrow scapular plane \rightarrow 90/90° position progression).
- 4. Progress CKC exercises including seated press-ups, step-ups, BAPS board, treadmill and push-ups with a plus (wall to floor progression).
- 5. Initiate work-specific activities as appropriate.

16 - 18 Weeks

- A/PROM and strength WFL by 18 weeks.
- Emphasize concepts of frequency, duration and intensity of training.
- 1. Progress PRE's as tolerated.
- 2. Begin low-level plyometric progression including 2-hand plyoback ball toss, ball dribbling, etc.
- 3. Initiate sport-specific activities including interval golf program, racquet strokes, etc.

^{*} May require position and/or ROM modifications due to A/PROM deficits.