



## ROTATOR CUFF - LARGE TEAR PROTOCOL

### PHASE I

0-6 wks post-op \*Passive Range of Motion (PROM)

- Glenohumeral ER – Work toward full ER (Position in 15° - 20° ABD) (Focus on glenohumeral motion and not just gross shoulder motion.) If there is a subscapularis repair, check with MD about ER restrictions.
- Glenohumeral ABD 0° - 90°
- After GH ABD reaches 60° - 70°, it is OK to work on ER as tolerated at 45° ABD. If there is a subscapularis repair, check with MD about ER restrictions.
- Gross shoulder Elevation (Scaption) 0° - 140°. No saggital plane Flexion stretch. No IR stretch.
- Pendulums/Codman's
- Sling full-time except when sitting still such as watching TV or reading. Arm control by gravity only for shower.
- OK to use hand cautiously for functional tasks such as typing, arm in sling.
- Postural work, upper trapezius relaxation, active scapular retraction and depression.
- Encourage a walking program, stationary bike, etc for cardio and fighting "the blues".
- Wrist/Elbow ROM

### PHASE II

6-10 wks post-op \*Active Assisted Range of Motion (AAROM) Active Range of Motion (AROM)

- Assistance with opposite hand is considered active assisted.
- Glenohumeral ER – Work toward full ER (OK to position between 0° - 60° ABD). If there is a subscapularis repair, check with MD about ER restrictions.
- Gross shoulder Elevation (Scaption) 0° - full
- Begin Active Assisted elevation supine. When at least 150°, progress to upright Active Assisted elevation and supine Active elevation. When supine Active elevation at least 150°, progress to upright active elevation.
- No sling needed. May use it for safety.
- OK to drive an automatic vehicle, patient must evaluate their own safety to do so.
- Aquatic Therapy AAROM-AROM
- Isometrics when patient has active elevation to at least 150° (No pure ABD isometrics).

\*\*Goals at 8 weeks: Full ER and scaption, functional use of arm at side, minimal pain, good posture.

### PHASE III

10+ wks post-op \*Resistance

- OK to begin pure Flexion and ABD stretches, IR stretch, and ER stretch in full ABD.
- Isometrics
- Begin gentle isotonic exercises
- Closed chain exercises such as wall pushups.
- OK to drive a stick shift with the involved arm.
- OK to run



Mark D. Scholl, M.D., P.C.  
ORTHOPEDIC SPORTS MEDICINE SURGEON

#### PHASE IV

4+ months post-op \*Progressive strengthening

- Light weight/high repetition strengthening initially
- Progress as tolerated. Focus on scapular stabilization as well as RTC patterns of strengthening.

#### PHASE V

6+months post-op \*Return to Sport

- Golf (trailing arm may be ready to return before lead arm), Fly fishing
- Throwing, Racquet Sports, Boating, Skiing