

Therapist _____

Phone _____

Type Three Rotator Cuff Repair Arthroscopic Assisted – with SAD Large to Massive Tears (Greater than 4 cm)

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
- Pendulum Exercises 4-8x daily (flexion, circles)
- Active Assisted ROM Exercise (L-Bar)
 - ER/IR in Scapular Plane
- Passive ROM
 - Flexion to tolerance
 - ER/IR in Scapular Plane (Gentle ROM)
- Elbow/Hand Gripping & ROM Exercises
- Submaximal Gentle Isometrics
 - Flexion
 - Abduction
 - External Rotation
 - Internal Rotation
 - Elbow Flexors
- 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 Submaximal Isometrics
 - Flexion with Bent Elbow
 - Extension with Bent Elbow
 - Abduction with Bent Elbow
 - 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:

1. Maintain Arm in Brace, Remove Only for Exercise
2. No Lifting of Objects
3. No Excessive Shoulder Extension
4. No Excessive or Aggressive Stretching or Sudden Movements
5. No Supporting of Body Weight by Hands
6. 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 90 degrees abduction to at least 45 degrees
 - IR at 90 degrees abduction to at least 45 degrees
- Active Assisted ROM to Tolerance
 - ER/IR in Scapular Plane
 - ER/IR at 90 degrees Abduction
- Dynamic Stabilization Drills
 - Rhythmic Stabilization Drills

- ER/IR in Scapular Plane
- Flexion/Extension at 100 degrees Flexion
- 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)
- Continue all exercises listed above
- Initiate ER/IR strengthening using exercise tubing at 0 degrees of abduction
- 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 4
- Discontinue Use of Brace at End of Week 4

Week 5 – 6:

- May use heat prior to exercises
- Continue AAROM and Stretching exercises
- Initiate Active ROM Exercises
 - Shoulder Flexion Scapular Plane
 - Shoulder Abduction
- Progress Isotonic Strengthening Exercise Program
 - ER Tubing
 - Sidelying ER
 - Prone Rowing
 - Prone Horizontal Abduction
 - Biceps Curls

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 Sidelying
 - Lateral Raises* (Active ROM Only)
 - Full Can in Scapular Plane* (Active ROM Only)
 - Prone Rowing
 - Prone Horizontal Abduction
 - Elbow Flexion
 - Elbow Extension

*Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue glenohumeral dynamic stabilization exercises.

Week 8-10:

- Continue all exercise listed above
- Progress to Isotonic Lateral Raises & Full Can
- If physician permits, may initiate Light functional activities

Week 14:

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

IV. Phase IV – Advanced Strengthening Phase (Week 15 - 22)

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

Week 15:

- Continue ROM & Stretching to maintain full ROM
- Self Capsular Stretches
- Progress Shoulder Strengthening Exercises
 - Fundamental Shoulder Exercises

Week 20:

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



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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)