

Rotator Cuff Repair (Large-Massive) Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

PROM limit — Flexion _____°	PROM limit — Abduction _____°	PROM limit — External Rotation _____°
Sling + PROM limitation duration _____ wks	AROM initiation _____ wks	Strengthening initiation _____ wks
Biceps Tenodesis: ☐ Subscapularis Repair: ☐	No resisted elbow flexion for _____ wks	Additional External Rotation limits _____
Other Precautions:		

Parameters above are patient-specific and supersede the general timeframes below. In general, PROM limitations end in conjunction with sling discontinuation. Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–6	Goals - Protect repair and promote tendon-to-bone healing - Control post-operative pain/swelling - Maintain elbow/wrist/hand mobility - Initiate scapular awareness	Precautions - Sling per parameters above (larger tears typically warrant longer protection) - No active lifting/reaching with operative arm - PROM per limits above; avoid combined ER + abduction; perform gently and well within tissue tolerance given larger repair size - Limit ER if concurrent subscap repair If Biceps tenodesis: no resisted elbow flexion/supination; no lifting with elbow extended	Treatment Focus - Pendulums 2x/day, as tolerated - Therapist PROM (flexion, ER, abduction) to limits above, initiated POD1 unless otherwise specified — progress gently given increased repair size - Scapular retraction/protraction isometrics; supported vs sling-on - AROM elbow/wrist/hand daily - Ice/modalities PRN pain-swelling
► Advance to Phase 2 when: wound healed, pain controlled, PROM progressing without sharp pain.			
Phase 2 Weeks 6–10	Goals - Advance therapist PROM toward full passive ranges in all planes - Gradually introduce active-assisted ROM (AAROM) as PROM tolerance allows - Wean sling per surgeon clearance - Restore scapulohumeral rhythm through passive/assisted ranges	Precautions - No active range of motion (AROM) of the shoulder until ~10 weeks or surgeon clearance - Introduce AAROM gradually; avoid forcing through resistance or pain - No heavy/repetitive overhead load - Progress by tissue response, not calendar — back off if pain spikes	Treatment Focus - Continued therapist PROM, advancing toward full ranges in flexion/ER/abduction - Gradual AAROM introduction later in this phase (pulley, wall slides, cane) as PROM allows - Scapular/rhythmic stabilization drills, 2–3x/wk - Gentle scapular isometrics (not yet cuff-specific) - Sleeper/cross-body stretch PRN tightness

Phase	Goals	Precautions	Treatment Focus
► Advance to Phase 3 when: PROM near-full and pain-free, AAROM tolerated without pain, surgeon/therapist clearance to begin AROM (typically ~10 weeks).			
Phase 3 Weeks 10–16	Goals - Progress AAROM toward full active range of motion (AROM) in all planes - Begin gentle cuff activation and slow initiation of strengthening - Normalize scapulohumeral rhythm with active motion	Precautions - AROM/strengthening advanced gradually per timing above, given larger repair size - No heavy/repetitive overhead load - Avoid resisted strengthening until isometrics are pain-free and well-tolerated - Progress by response, not calendar	Treatment Focus - AROM initiation ~10 wks, advancing through this phase (standing ER, forward elevation, functional reach) - Submax cuff isometrics (IR/ER holds, 10–15 sec) - Once isometrics are pain-free and well-tolerated: light isotonic IR/ER (band), 2–3 sets x 10–15 - Scapular/rhythmic stabilization drills, progressing resistance as tolerated - Manual therapy as indicated, pain-free only
► Advance to Phase 4 when: AROM progressing with good mechanics, cuff activation pain-free, tolerating light isotonic strengthening without symptoms.			
Phase 4 Weeks 16–32	Goals - Restore full strength/endurance - Normalize mechanics under load - Functional/sport-specific prep, allowing additional time given larger tear/repair complexity	Precautions - Progress load more gradually than for smaller tears, per therapist assessment - Allow additional time for larger/lower-quality tears, revision repairs, or multi-tendon involvement - Delay heavy overhead/high-demand tasks until mechanics fully support them; no empty-can position or long-lever lateral raise strengthening at any stage	Treatment Focus - Progressive resisted cuff/scapular strengthening (band/dumbbell), starting lighter and advancing more gradually than smaller-tear protocols (2–3 sets x 10–15) - Closed-chain and rhythmic stabilization progression - Functional, work-, or sport-specific drills as appropriate, later in this window - Gradual return to running, lifting, overhead, impact activity — often extending beyond this phase for massive tears - Strength/functional testing at therapist discretion; submaximal dynamometer testing generally deferred to ~5 months, maximal testing to 6–12 months
► Full Release (typically 6–9 months / 32+ wks): Pain-free full AROM, strength/endurance approaching symmetric (~85–90% of contralateral side), no compensation, tolerates functional/sport demands. Full unrestricted return to high-demand overhead, contact, or heavy-labor activity may extend to 9–12 months and should be individualized with the surgeon.			

Special Considerations

- Concurrent subscapularis or biceps procedure: modify ROM/resistance as indicated
- Assumes a large-to-massive, primary or revision repair with elevated retear risk unless noted otherwise.

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.