Global Rotator Cuff Protocol With and Without Subscapularis Repair

This protocol is intended to be a general outline only. The physician reserves the right to either advance or delay this protocol as deemed necessary. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form given to the patient on the day of surgery.

General Post-Operative Guidelines

• For retracted, global, or massive tears (3 cm or greater) of the rotator cuff, physical therapy will begin at 2 weeks post-op for PROM ONLY to prevent capsular adhesions. Patient to be seen 3x/week or as needed.
• Patient will perform the following exercises as instructed by physician, starting on day of surgery: pendulum exercises, shoulder shrugs, elbow flexion/extension, and grip strengthening. Patient may also begin walking and stationary bike for cardiovascular fitness.
• For the first 6-8 weeks as per surgeon instruction, patient will wear sling with abduction wedge at all times except for bathing. Sling can be removed for short periods with arm resting on couch/recliner armrest.
• Patient will perform regular icing for control of pain and inflammation
• No active AROM elevation of shoulder until at least 16 weeks post-op, or per surgeon recommendation

Subscapularis Repair Guidelines
Open Repair: Restrict ER PROM as follows:

• 0-4 weeks: to neutral (0°)
• 4-6 weeks: to 30°
• 6-8 weeks: to 45°
• 8-10 weeks: to 60°
• 10-12 weeks: progress to full ROM (90°)

Scope Repair for partial tears: Restrict ER PROM as follows:

• 0-4 weeks: to neutral (0°)
• 4-6 weeks: to 45°
• 6-8 weeks: to 90°
• 8-10 weeks: progress to full ROM (90°)
• No resisted IR isometric or IR anti-gravity AROM until at least Week 8 post-op.

Week 3-8: Patient seen 3x/week
Goals by end of Week 8: PROM flexion to 140∞ supine, ER 60∞ supine w/arm abducted to 45∞, full scaption
Precautions:

• *No ER ROM beyond 45∞ for first 4 weeks.*
• *No ER beyond 75∞ for first 8 weeks.*
• *Continue wearing sling when out in public and during extended periods of walking.*
• *Continue above exercises*
• *Postural exercises: scapular retraction, scapular clock, etc.*
• *Lawnmowers and table lifts*
• *Scapular isometrics in sidelying*
• *Initiate supine PROM for flexion, scaption, ER, and IR to belly*
• *Begin light (Grade 1-2) GH mobilization for accessory joint mobility*
• *Soft tissue mobilization as needed for cervicoscapular muscle tension*
• *At Week 3, start supine AAROM cane exercises for ER at 45∞ abduction for HEP*
• *At Week 4, start supine AAROM cane exercises for scaption for HEP*
• *At Week 4, start pulley AAROM exercises in sitting for flexion and scaption*

Week 9-10: Patient seen 2x/week or as needed
Goals by end of Week 10: Full supine PROM in all directions, IR to table
• Continue wearing sling when out in busy areas or during extended periods of walking
• Continue above exercises
• Apply e-stim to parascapular muscles and/or posterior cuff if needed
• AAROM ER at 90∞ abduction in supine
• IR towel stretch behind back and/or sleeper stretch for IR
• PROM horiz add and gentle posterior capsule stretch
• Prone scapular retraction and shoulder extension to neutral
• Isometric flex, ext, add, abd, ER, and IR at side using 50% of patient's effort
• Active shoulder IR/extension w/arm hanging at side and elbow extended
• Gentle weight-bearing scapular setting exercises

Week 11-12: Patient seen 1-2x/week
Goals by Week 12: Full IR ROM, normalized parascapular strength
Precautions: No anti-gravity AROM into elevation
• Supine or quadruped AROM serratus punch
• Sidelying ER AROM to neutral
• Prone mid trap strengthening
• Pulley shoulder retraction and extension with light resistance
• Table lifts for scapular depression

Week 13-15: Patient seen 1-2x/week
• Add light weights to prone scapular exercises
• Perform isometrics at full strength
• Prone low trap strengthening
• Light weight for sidelying ER AROM past neutral
• Gravity-neutral AROM for flexion and abduction
• Elastic band and pulley-resisted ER an IR

Week 16 to 6 Months Post – Op: Patient seen as needed
Goals by 6 months post-op: Full strength of rotator cuff, deltoid, and parascapular muscles. Full function for sport and work activities.
• Wall walking AAROM for flexion and abduction to shoulder height only. At Week 20, progress wall walking above shoulder height.
• After above AAROM is achieved, progress to AROM anti-gravity, first to shoulder height, and then to full ROM within painfree range and with good scapular control
Ball circles on wall
• Quadruped weight-bearing serratus anterior presses
• PNF diagonal AROM
• Theraband and pulley resisted shoulder flexion, horiz abd/add, lat pulldowns
• Plyometric exercises with ball
• Begin sport/work-specific motion training
• Facilitate return to weightlifting equipment for bilateral upper extremities
• Add throwing exercises. If patient plays throwing sports, initiate throwing program when deemed appropriate by therapist and surgeon.

Guidelines for Return to Sports
Patient may return to sport and work activities involving overhead lifting/throwing around seven months post-op, depending on size of tear and the patient's specific job requirements. Patient must achieve full rotator cuff, deltoid, and paracapular strength and demonstrate ability to perform work duties or sport activities without pain and with proper form.