SPORTS MEDICINE ASSOCIATES
Any Athlete. Any Injury. Anytime.®

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LARGE-MASSIVE ROTATOR CUFF REPAIR

PHASE I: PROTECTION (WEEKS 4-6)

WEEKS 4-6	ROM	• Continue PROM •Begin PROM in flexion and external rotation only •Do NOT push into pain • Shoulder joint mobilizations (grade II-III) – posterior and caudal • Scapular mobilization • Pectoralis minor flexibility •Supine postural stretch •Passive therapist overpressure • Begin wand exercises in a seated position • Shoulder external rotation • Shoulder flexion with physician's authorization
	Strengthening	• Begin isotonic scapular retraction/protraction • Serratus punches • PNF patterns in sidelying (scapular clock) • Sitting retraction • Begin manual resistance scapular stabilization (sitting, side lying) • Rows, pulldowns – light resistance
	Goals for Progression to Next Phase	1. Decrease pain 2. Full PROM supine 3. Sleeping through the night 4. Normal posture

PHASE II: (WEEKS 6-12)

D/C SLING PER PHYSICIAN

WEEKS 6-8	ROM	• AAROM per patient tolerance - adding abduction, horizontal abduction (maintain subscapularis precautions) • Ball on wall, UE swiss ball mobility –IR/ER • Towel wipes on table – any direction
	Strengthening	• Closed-chain stability – elbow extension with hand on ball performing oscillations • Progress scapular neuromuscular strengthening • Initiate SUB-MAX/50% effort strengthening • Isometric flexion, extension, abduction, ER, IR • Isometric lower trap • Begin manual resistance

WEEKS 8-10	ROM	• AROM per patient tolerance; avoid scapular substitution

	Strengthening	• UBE light resistance
		• Begin prone exercise program no weight, below shoulder level
		  • Row
		  • Shoulder extension
		  • Continue scapular strengthening progression
		• Begin closed chain UE activities
		  • Towel wipes on wall – horizontal, diagonal and vertical
		  • Quadruped weight-shifts

WEEKS 10-12	ROM	• Continue AROM per patient tolerance •Add gentle IR stretching

	Strengthening	• UBE moderate resistance
		• Continue isometric strengthening
		• Dynamic isometric walk-outs
		• Progress prone exercise program no weight
		  • Row
		  • Shoulder extension
		• Progress closed chain UE activities
		• Seated press-up
		• Serratus punches
		• Proprioceptive exercises
		• Ball on wall
		• Supine ABC's

	Goals for Progression to Next Phase	1. Full AROM with no scapular substitution 2. No reactive inflammation with strengthening 3. Return to full ADLs pain free

PHASE III: (WEEKS 12-16)

WEEKS 12-16	Strengthening	• T-band exercises
		  • Shoulder IR/ER
		  • Horizontal abduction/adduction
		  • Diagonal patterns
		• Begin Prone exercise program with weight
		  • Row
		  • Shoulder extension
		  • Horizontal abduction – T exercise position
		  • Lower trapezius – Y exercise position
		• Begin rhythmic stabilization exercises supine, starting at balance point position (90-100 degrees of elevation); progress to side lying, prone, standing
		• Functional eccentric strengthening
		  • Decelerations
		• Progress closed chain UE strengthening
		  • Push up with a plus

		• Swiss ball activities • Plank BOSU weight shifts • Trunk and lower extremity strengthening
	Goals for Progression to Next Phase	1. Full AROM with no scapular substitution between weeks 10-12 2. 5/5 rotator cuff strength 3. 65-70% IR/ER isokinetic testing

PHASE IV: RETURN TO SPORTS/ACTIVITY (4-6 MONTHS)

WEEKS 10-12	ROM	• Emphasis on posterior capsule stretching • General stretching/flexibility program
	Strengthening	• Progress T-band exercises • Progress Dumbbell Program with weight • Scaption • Diagonal patterns • Bent row • Prone Retraction with ER • Functional eccentric strengthening • Progress closed chain UE strengthening • Push up with a plus • Swiss ball activities • Continuation of trunk and lower-extremity strengthening • Initiation of throwing progression • Begin short toss and overhead endurance activities per physician release • Continuation of functional UE/LE strengthening and endurance activity
	Goals for Progression to Next Phase	• Completion of throwing progression • No reactive effusion, pain and/or instability • 65-70% IR/ER isokinetic testing • Full functional mobility and strength