



Orthopaedic Associates of Zanesville

Post Operative Physical Therapy Guidelines

Dr Brautigam, MD
Dr Burka, DO

Massive Rotator Cuff Repair

The intent of this protocol is to provide the clinician with a general guideline of the post-operative course of the patient that has undergone the above stated procedure. It is by no means intended to substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of possible post-operative complications. If a clinician requires assistance in the progression, please contact the referring surgeon's office.

0-6 Weeks:

- Sling Immobilization
- Active ROM Elbow, Wrist and Hand
- True Passive (ONLY) ROM Shoulder
- Pendulums,
- Supine Elevation in Scapular plane = 140°
- External Rotation = 40°
- Scapular Stabilization exercises (side lying)
- Deltoid isometrics in neutral (submaximal) as ROM improves
- No Pulley/Canes until 6 weeks post-op

6-12 Weeks:

- Discontinue Sling
- Active Assist to Active ROM Shoulder as Tolerated
- Elevation in scapular plane and external rotation to tolerance
- Begin internal rotation as tolerated
- Light stretching at end ranges
- Cuff Isometrics with the arm at the side
- Upper Body Ergometer

>12 Weeks:

- Advance to full ROM as tolerated with passive stretching at end ranges
- Advance strengthening as tolerated: isometrics / bands / light weights (1-5 lbs.); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Begin eccentrically resisted motions, plyometrics (ex. Weighted ball toss), proprioception (es. body blade)
- Begin sports related rehab at 4 ½ months, including advanced conditioning
- Return to throwing at 6 months
- Throw from pitcher's mound at 9 months
- Collision sports at 9 months