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Procedure: _____

PT PROTOCOL

Rotator Cuff Repair (RTCR) — Large / Massive Tear

Rehabilitation Protocol

1	2	3	4	5	6
Weeks 1–6	**6–10 Weeks**	**10–18 Weeks**	**18–22 Weeks**	**22–26 Weeks**	**26–30 Weeks**
Protect repair; strict sling immobilization, no shoulder PROM/AROM	Sling gradually discontinued; begin PT-guided PROM	AAROM → AROM; submax isometrics after week 14	Begin graded strengthening & stretching program	Advanced strengthening; restore full strength/ROM	Early return to sport (individualized)

Milestones above are goals, not guarantees; progression is criterion-based. Consider an even more conservative approach for >1 tendon involvement or a concomitant subscapularis repair.

Phase 1 Weeks 1–6

Sling: Worn day and night, with abduction pillow (30–45°). Do not remove for anything other than hygiene/wound care.

Range of Motion

- No passive or active range of motion of the shoulder.
- No active movement of the surgical arm; no weight-bearing through the surgical arm.
- No reaching overhead or behind the back; no pushing or pulling.

Therapeutic Exercises

- Hand, wrist, and elbow AROM (no active elbow ROM for 4 weeks if concomitant biceps tenodesis).
- Scapular mobility exercises with the sling on.
- Cryotherapy for pain/inflammation control.

Phase 2 Weeks 6–10

Sling: Gradually discontinue, with surgeon's clearance.

Range of Motion

- Begin PT-guided passive range of motion at 6 weeks (pending surgeon clearance): supine passive elevation to 0–100°, seated passive external rotation to 0–30°, table slides, pendulums. Do not force painful motion.
- No active range of motion of the shoulder despite minimal or no symptoms; avoid aggressive or painful passive range of motion.
- No internal rotation (reaching behind the back); avoid upper-extremity weight-bearing.

Therapeutic Exercises

- Scapular exercises without the sling: retraction, elevation, depression.

Phase 3 Weeks 10–18

Range of Motion

- Active-assisted range of motion weeks 10–14, progressing to active range of motion weeks 14–18.
- Submaximal isometric strengthening may begin weeks 14–18 (maximal effort can overload the repair).
- No lifting, no supporting body weight through the hands/arms; no excessive behind-the-back movement or sudden/jerking motions.

Therapeutic Exercises

- AAROM: supine elevation with short lever arm, cane/stick AAROM starting week 10 (progress supine → 45° incline at week 11 → upright at week 12), assisted external rotation.
- Wall slide and wall walk, starting week 12.
- AROM: standing external rotation (week 12), sidelying external rotation (week 14), active forward reach and active shoulder elevation (week 14).
- Isometrics (submaximal only): shoulder flexion/extension, external/internal rotation with arm at side; standing rows, progressing to bent-over rows.
- Manual therapy after week 10: grade 1–2 joint mobilizations, thoracic mobilizations, soft tissue work as needed.

Phase 4 Weeks 18–22

Range of Motion

- Continue restoring passive range of motion toward full, pain-free motion — do not progress if ROM/pain milestones from Phase 3 are not yet met.
- No lifting greater than 5 lbs; no sudden lifting, jerking, pushing, or throwing; no uncontrolled movements.
- No straight-arm lateral raise or empty-can position at any stage.

Therapeutic Exercises

- Stretching: pec stretch (60°/90° at doorway/corner), internal rotation stretch (progress to towel-assisted), doorway external rotation stretch, crossbody stretch, sleeper stretch (clinician-determined; not typically recommended for throwers).
- Strengthening: prone W/Y/T/I, shoulder extension with straight arm, supine shoulder protraction, rows, resisted external/internal rotation, sidelying external rotation, forward punch with resistance band, biceps curls, triceps extension.
- Rhythmic stabilization: quadruped weight shifts/perturbation or ball on table/wall; external/internal rotation in scaption and flexion 90–125°.
- Manual therapy: grade 3–4 joint mobilizations if indicated, pain-free only.

Phase 5 Weeks 22–26

Range of Motion

- Maintain full, pain-free range of motion; more aggressive stretching may be used if needed.
- No lifting greater than 10 lbs; no overhead lifting; no sudden pushing or lifting.
- No progression into painful activities.

Therapeutic Exercises

- External rotation at 45° and 90° abduction (supported progressing to unsupported); internal rotation at 90° abduction.
- Full can in the scapular plane, limited to 1–2 lbs, progressing repetitions as tolerated.
- Resisted diagonals: PNF D1/D2 patterns; dynamic hug.
- Push-up progression: wall push-up → counter push-up → floor push-up.

Phase 6 Weeks 26–30 (Early Return to Sport)

Range of Motion

- Full, pain-free range of motion.
- No forceful or heavy lifting; no sudden pushing or lifting.
- No progression into painful activities.

Therapeutic Exercises

- Submaximal strength testing (hand-held dynamometer) may begin at 5 months; maximal muscle testing delayed until 10–12 months postop. Goal: 85–90% shoulder strength of the contralateral side.
- Daily home stretching program; strengthening program 3x/week with a 5–10 minute cardiovascular warm-up.
- Progress to a general upper-extremity strengthening program; progressive return to weightlifting emphasizing larger, primary upper-extremity muscles.
- Activity-specific progression: sport, work, hobbies, individualized in coordination with the referring surgeon.