



TEXAS BONE & JOINT

drjoshuapayne.com

Fort Worth/Alliance
3025 North Tarrant Parkway,
Suite 220
Fort Worth, TX 76177
Office: 817-697-3900
Fax: 817-562-8530

North Richland Hills
4300 City Point Drive,
Suite 102
North Richland Hills, TX 71680
Office: 682-253-3999
Fax: 817-590-5664

Dr. Payne Massive (3 or 4 tendons, >5 cm) Rotator Cuff Repair Protocol

The intent of this protocol is to provide the clinician with a guideline of postoperative rehabilitation course. It is not intended to be a substitute for appropriate clinical decision making regarding the progression of a patient's postoperative course. The actual post-surgical physical therapy management must be based on the surgical approach, physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requests assistance in the progression of a patient post-surgery, they should consult Dr. Payne.

Phase I - Immediate Post-Surgical Phase (Weeks 1-6):

Goals:

- Maintain integrity of repair
- Diminish pain and inflammation
- Prevent muscular inhibition
- Independent with ADL's with modifications while maintaining the integrity of the repair.

Precautions:

- Maintain arm in sling, remove only for exercise
- No active range of motion (AROM) of Shoulder
- No lifting of objects
- No shoulder motion behind back
- No excessive stretching or sudden movements
- No supporting of body weight by hands
- Keep incision clean and dry

DAY 1 TO 28:

- Abduction brace / sling
- Finger, wrist and elbow AROM
- Begin scapula musculature isometrics / sets; cervical ROM

- Cryotherapy for pain and inflammation
 - o Day 1-2: as much as possible (20 minutes of every hour)
 - o Day 3-6: post activity, or for pain
- Sleep in abduction sling
- Patient education: posture, joint protection, positioning, hygiene, etc.
- Aquatic therapy/ Pool therapy may begin after 4-6 weeks post-op pending Dr. Payne's approval

Phase II - Protection / Active assist motion (Weeks 6-10):

Goals:

- Allow healing of soft tissue
- Do not overstress healing tissue
- Gradually restore full passive ROM (week 4-6)
- Decrease pain and inflammation

Precautions:

- No lifting
- No supporting of body weight by hands and arms
- No sudden jerking motions
- No excessive behind the back movements
- Avoid upper extremity bike or upper extremity ergometer at all times

Criteria for progression to the next phase (III):

- Full passive range of motion

WEEK 5-8:

- Continue use of brace / sling full time until end of week 4
- Between weeks 4 and 5 may use brace / sling for comfort only
- Discontinue brace / sling at end of week 6
- Progressive passive ROM:
 - o Forward flexion to 90 degrees
 - o Abduction in scapular plane to 90 degrees
 - o ER to 20 degrees o IR to the abdomen
- Initiate prone rowing to neutral arm position
- Continue cryotherapy as needed • May use heat prior to ROM exercises
- May use pool (aquatic therapy) for ROM exercises
- Ice after exercise

WEEK 8-10:

- Start AAROM and stretching exercises
- Progressive passive ROM until approximately full ROM at week 9-10
 - Gentle Scapular/glenohumeral joint mobilization as indicated to regain full passive ROM
- Begin rotator cuff isometrics
- Continue periscapular exercises

Phase III - Full active motion & early strengthening (week 10-14):

Goals:

- Start and advance AROM as tolerated (week 10-12)
- Maintain Full PROM
- Dynamic Shoulder Stability
- Optimize neuromuscular control
- Gradual return to functional activities Precautions:
 - No heavy lifting of objects (no heavier than 5 lbs.)
 - No sudden lifting or pushing activities
 - No sudden jerking motions
 - No overhead lifting
 - Avoid upper extremity bike or upper extremity ergometer at all times

WEEK 10:

- Continue stretching and passive ROM (as needed)
- Begin and advance active ROM as tolerated
- Dynamic stabilization exercises

WEEK 12: Initiate strengthening program

- External rotation (ER)/Internal rotation (IR) with therabands/sport cord/tubing
- ER Sidelying (lateral decubitus)
- Full Can in Scapular Plane* (avoid empty can abduction exercises at all times)
- Prone Rowing
- Prone Horizontal Abduction
- Prone Extension
- Elbow Flexion
- Elbow Extension *Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonic; if unable, continue glenohumeral joint exercises

WEEK 14:

- Continue all exercise listed above
- Progress to fundamental shoulder exercises

Phase IV - Advanced strengthening phase (week 16-22):

Goals:

- Maintain full non-painful active ROM
- Advance conditioning exercises for Enhanced functional use of UE
- Improve muscular strength, power, and endurance
- Gradual return to full functional activities

WEEK 16:

- Continue ROM and self-capsular stretching for ROM maintenance
- Continue progression of strengthening
- Advance proprioceptive, neuromuscular activities
- Light sports (golf chipping/putting, tennis ground strokes), if doing well

WEEK 20-22:

- Continue strengthening and stretching
- Continue stretching, if motion is tight
- May initiate interval sport program (i.e. golf, double tennis, etc.), if appropriate

Special Instructions/Precautions:
