

<u>Post-Operative Rehabilitation Protocol for Massive Rotator Cuff Tears</u>

0-6 Weeks

- Shoulder Sling: Wear shoulder abduction sling for 8 weeks, only remove for exercises or hygiene purposes.
- Active Range of Motion (ROM): Perform active ROM for the elbow, wrist, and hand.
- **Shoulder ROM:** Perform only true passive ROM for the shoulder—NO ACTIVE MOTION.
- **Pendulum Exercises:** Begin pendulum exercises.
- **Supine Shoulder Elevation:** Elevate the arm in the scapular plane to 140 degrees while lying on your back.
- **External Rotation:** Perform external rotation to tolerance with the arm at the side. Goal: Achieve at least 40 degrees of external rotation.
- Scapular Stabilization: Perform scapular stabilization exercises in the side-lying position.
- **Deltoid Isometrics:** Begin submaximal deltoid isometric exercises in neutral as shoulder ROM improves.
- **No Pulley/Canes:** Avoid using pulleys or canes until 6 weeks (as these involve active motions).

6-12 Weeks

- Sling Use: Discontinue sling use after 8 weeks.
- **AAROM/Active ROM:** Start with Active Assisted Range of Motion (AAROM) and gradually progress to active ROM as tolerated.
- **Elevation and External Rotation:** Continue shoulder elevation in the scapular plane and external rotation exercises.
- **Stretching:** Incorporate light stretching at the end ranges of motion.
- **Rotator Cuff Isometrics:** Perform isometric exercises for the rotator cuff with the arm at the side.
- Upper Body Ergometry: Begin upper body ergometry for cardiovascular conditioning.

3-12 Months

- **Full ROM:** Continue progressing toward full shoulder range of motion as tolerated, with passive stretching at the end ranges.
- **Strengthening:** Gradually introduce strengthening exercises as tolerated, including isometrics, resistance bands, and light weights (1-5 lbs). Perform 8-12 reps, 2-3 sets for rotator cuff, deltoid, and scapular stabilizer muscles.
- **Strengthening Frequency:** Limit strengthening exercises to 3 times per week to prevent rotator cuff tendonitis.
- Advanced Exercises: Introduce eccentric resisted motions, plyometric exercises (e.g., weighted ball toss), and proprioception drills (e.g., body blade).
- **Sport-Specific Rehab:** Start sport-specific rehabilitation at 4 ½ months, including advanced conditioning.
- **Return to Throwing:** Begin throwing activities at 6 months.
- Throwing from Mound: Resume throwing from the pitcher's mound at 9 months.
- Collision Sports: Return to collision sports at 9 months.
- Maximum Medical Improvement (MMI): Typically reached 12 months post-op.

Note: Progression through these phases should be based on individual recovery, with all exercises adjusted as necessary under the guidance of your surgeon and physical therapist. Regular follow-ups with the surgical team are crucial to ensure optimal recovery