

LARGE and MASSIVE Rotator Cuff Repair Post-Operative Protocol

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Patient Name: _____ Surgery Date: _____

Diagnosis: _____ Date: _____

MD Signature: _____

0-6 Weeks Post-Op **PASSIVE Range of Motion (PROM)**

- Glenohumeral ER – Work toward full ER (Position in 15° to 20° of ABD. Focus on GH ROM not just gross shoulder motion. If there is a subscapularis repair, check with MD about ER restrictions.)
- No IR stretch (Arm to stomach when elbow at side only.)
- No elevation (scaption) until 6 weeks post-op (ER work only)
- Hand, wrist and elbow ROM
- Pendulums/Codmans
- Sling 24 hrs/day
- OK to remove pillow from sling at 4 weeks post-op
- Postural work, upper trapezius relaxation program, active scapular retraction and depression
- Encourage walking program

6-12 Weeks Post-Op **ACTIVE Assisted Range of Motion (AAROM)**

- Assistance with opposite hand is considered active assisted
- Glenohumeral ER – Work toward full ER (OK to work between 0°-45° abduction.)
- Begin active assisted supine scaption (When patient reaches 150° progress to standing scaption.)
- Elevation (scaption) 0°-160°
- No sling needed. May use for safety.
- OK to use hand for functional tasks (Eating, washing, typing and dressing, etc.)
- No lifting over 2-3 lbs
- Ok to drive automatic vehicle without sling

** Goals at 10 weeks: Full ER, scaption to 160°, minimal pain and good posture

12 Weeks Post-Op **ACTIVE Range of Motion (AROM) and Resistance**

- Ok to begin pure flexion and ABD stretches, IR stretch (Begin supine and when at least 130° progress to upright)
- Isometrics of rotator cuff, deltoid and scapular stabilizers
- Begin gentle isotonic exercises of rotator cuff, deltoid, scapular stabilizers
- Closed chain exercises (i.e. wall push ups)
- OK to drive a stick shift with the arm
- OK to run
- No lifting over 15-30 lbs

5 Months Post-Op **RETURN TO SOME SPORTS**

- Golf, fishing

5.5 Months Post-Op **RETURN TO SPORTS**

- Throwing, racquet sports, skiing, snowboarding, climbing