



Massive Rotator Cuff Repair Protocol

Individual patient circumstances may affect the guideline (tear configuration, fixation used, associated procedures, etc.)

Time	Goals	Precautions/Restrictions	Treatment
Weeks 0 – 6	<ul style="list-style-type: none"> Protect surgical site Limit post-op pain 	<ul style="list-style-type: none"> Sling at all times 	<ul style="list-style-type: none"> PRICE Pendulums Wrist, hand, elbow AROM
Weeks 6 - 10	<ul style="list-style-type: none"> Protect surgical site Limit post-op pain Decrease muscular inhibition Passive flexion to 90° 	<ul style="list-style-type: none"> May discontinue sling at 6 weeks Consider sleeping in recliner PROM only Avoid ER if subscapularis was repaired up to 6 weeks Avoid AROM elbow flexion with biceps tenodesis 	<ul style="list-style-type: none"> PRICE <ul style="list-style-type: none"> Cryotherapy: 5-7 times per day Pendulum exercises AROM: elbow, wrist and hand, supine AROM PROM: shoulder Scapular exercises: shrugs, depression, retraction, and protraction Modalities: e-stim, heat, ice as needed Cardio: walking, stationary or recumbent bike with sling
Weeks 10 - 14	<ul style="list-style-type: none"> Protect surgical site Passive forward elevation up to 90-120° Passive ER to 20-30° 	<ul style="list-style-type: none"> Therapist guided AROM 	<ul style="list-style-type: none"> Progress PROM -> AAROM as tolerated Modalities, Mobilizations as needed Initiate AAROM with wand <ul style="list-style-type: none"> Supine -> Standing Wand or pulley for AAROM Initiate isometric strengthening at neutral abduction at 12 weeks
Weeks 14-18	<ul style="list-style-type: none"> Initiate light strengthening Motion goals: <ul style="list-style-type: none"> Passive forward elevation to 140° Passive ER within 5-10° of contralateral limb Active elevation to 120° 	<ul style="list-style-type: none"> Avoid heavy lifting Avoid pushing body weight Avoid jogging 	<ul style="list-style-type: none"> Initiate AROM Continue isometric strengthening in neutral Rotator cuff strengthening with bands in non-provocative positions at week 16 Continue with scapular strengthening AAROM exercises: pulley, cane forward elevation, wall walks or slides Cardio: walking, stationary bike; avoid running, stairmaster, swimming
Weeks 18 - 22	<ul style="list-style-type: none"> Restore AROM Restore strength and endurance Return to ADLs, work, and recreational activities 	<ul style="list-style-type: none"> Jogging if shoulder strength within 80% LSI Avoid lifting heavy objects with long lever Avoid sudden lifting, jerking, or pushing movements 	<ul style="list-style-type: none"> Continue with ROM as tolerated Progress open-chain strengthening to dumbbells <ul style="list-style-type: none"> Overhead/Long lever 1-2 pounds Below shoulder height 5-10 pounds May initiate shoulder perturbations or rhythmic stabilizations Initiate closed-chain strengthening: <ul style="list-style-type: none"> Wall pushups, progress to table top as tolerated Serratus anterior push-ups Serratus punches Quadruped weight-shifting
Weeks 22+	<ul style="list-style-type: none"> Continue to progress return to work or sport-specific training Restore AROM 	<ul style="list-style-type: none"> Avoid large increases in volume 	<ul style="list-style-type: none"> Continue with end-range ROM or mobilizations Continue progressive resistive exercises in various shoulder positions Progress closed-chain strengthening ARC program

This guideline is not meant to be prescriptive but a recommendation to the rehabilitation process. Progress may vary based on specifics of injury and procedure.