Ryan Blackwell, MD

Orthopedic Surgery | Sports Medicine

SHOULDER

Arthroscopic Massive Rotator Cuff Repair

Surgery Date: _____

Progressions are time and criterion-based, dependent on soft tissue healing, patient demographics and clinician evaluation. A review of the operative note and communication of any concerns with the referring physician is encouraged. Use of allowed visits should consider overall insurance limitations. When limitations are present, spread visits out over time to ensure that the patient can optimally complete rehab program with return to appropriate activities.

Weeks 0 – 6: Period of Protection | No Formal PT

Sling

- At all times, except for hygiene

Range of Motion

- No active or active-assisted shoulder motion during this protected phase — hand, wrist, and elbow motion only.

Exercise

- Pendulums are the one permitted shoulder motion during this phase (passive, gravity-assisted). Grip strengthening is allowed; no active or active-assisted shoulder motion and no shoulder strengthening exercises.

Phase I (Weeks 6 – 8)

Sling

- Discontinue at 6 weeks

Range of Motion

- PROM (within a comfortable range); A/AROM per patient tolerance

Exercise

- Initiate isometrics
- Scapular exercises including elevation with shrugs, depression, retraction, and protraction

Modalities

- Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 8 – 10)

Range of Motion

- Progress PROM and begin AROM (progress slowly)

Exercise

- UBE light resistance. No weights, below shoulder level

Phase III (Weeks 10 – 12)

Range of Motion

- Progress to full, painless ROM

Exercise

- Continue AROM per patient tolerance
- Add gentle IR stretching
- No shoulder resistance exercises until 12 weeks after surgery

Phase IV (Weeks 12 – 24): Return to Activity

Exercise

- Advance strengthening exercises with elastic band or hand weights
- Resisted scapular strengthening, rotator cuff strengthening, and deltoid strengthening