Dr. Brent Carlson
Chippewa Valley Orthopedics & Sports Medicine
1200 OakLeaf Way, Suite A
Altoona, WI 54720
757 Lakeland Drive, Suite B
Chippewa Falls, WI 54729

ARTHROSCOPIC ROTATOR CUFF (MASSIVE) REPAIR PROTOCOL

** See notes regarding biceps tenodesis and subscapularis involvement**

****Goals for large rotator cuff repairs involving the infraspinatus and/or subscapularis along with the typical supraspinatus are modified. Passive ROM is still stressed but a focus is on the table slides, *and away from pulleys or rolling the ball and a more conservative timeline is held for instituting active motion and strengthening.* ****

	WEEK 1-2 Begins on DOS	WEEK 3-5	WEEK 6-9	WEEK 10-12	WEEK 13+
PASSIVE SCAPTION	At least 0-60º as tolerated	At least 0- 90º as tolerated	Goal: Full PROM for scaption and then flexion, as soon as possible		
ACTIVE SCAPTION	None (protect supraspinatus)				As tolerated
PASSIVE FLEXION	Pain-free, no restrictions on ROM, except with a subscapularis repair 0-90° until 4 weeks then advance as tolerated				
PASSIVE ER Subscapularis repair restrictions are **	0-30° Subscapularis*0-10°*	As tolerated, do not push through pain. Advance as able. **increase by 10° increments each week**			
ACTIVE ER	None (protect infraspinatus)			As tolerated	
IMMOB/SLING	yes	Bolster may be weaned per MD	Yes	Wean, D/C as able. Start by wearing in community and at night, decrease use from there.	
P.T. visits/week	1-3	2-3			2
EXERCISES **For surgery with biceps tenodesis and biceps tenotomy, active elbow flexion avoided for 6 weeks. ** • PT visits/week may vary • Individual exercise progression may vary	AROM (cervical, elbow, wrist & hand) ** Biceps Tenodesis and tenotomy restrictions	Focus on PROM. See note below. No pulleys.	AAROM for IR and ER	AROM (ER, IR) Start to push IR more aggressively if needed at 10 weeks	AROM (ABD and FLEX)
	PROM: Scaption, abduction/ER/IR	Increase PROM for Scaption and Rotation as tolerated, follow parameters above. PROM to AAROM for Abduction after 12 weeks.			
	PROM Note: Table slides with the patient seated (elbow and hand down/slide forward with table at side), smooth surface, gradual increase in motion to be done for the duration of the recovery. Wand assisted ER in supine, elbow elevated on roll of towels. Avoid increase in pain. Emphasize relaxation. **No pulleys.**				
	Glenohumeral joint mobilizations, Scapular mobilizations.	Progress joint mobilizations based on patient's need, include scapular accessory.			
			AROM for elbow with biceps involvement.		
		Start proprioceptive, rhythmic stabilization, gently in a modified neutral position			
	Passive pendulums	Scapular retraction/depression	Progress with scapular exercises; add resistance for row, extension, **After week 8:** Add horizontal abd, then resistance as tolerated. With biceps involvement, progress resistance as tolerated for elbow flex.		
		Weight bearing in closed kinetic chain position	Isometrics-start gentle, sub-max FLEX, EXT, ER, IR No pain increase. Advance to HEP with good replication.	Manual resistance and/or tubing PRE's, small weights	Work at 90/90 position, PNF's, activity/task specific exercises.
				UBE	

Please call Dr. Carlson with any questions regarding progression.

Any questions? Please contact:
Northwoods Therapy Associates
Altoona, WI
(715) 839-9266
Chippewa Falls, WI
(715) 723-5060

April 2023
