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 Physical Therapy Clinic  
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**Rehab Practice Guidelines for:  
 Repair of Large Rotator Cuff Tears**

Assumptions: 1. tears >2 centimeters  
 2. no retraction

Primary surgery: repair of supraspinatus and infraspinatus tendons and subacromial decompression  
 Secondary surgery (possible): distal clavicle excision

Precautions: **No resisted** abduction for 8 weeks (Primary repair, split deltoid)  
**No resisted** external rotation for 8 weeks (Primary repair)  
**No heavy resisted** flexion for 6 weeks (Subacromial decompression)  
**No behind the back internal rotation (towel stretch)** for 6 weeks (Primary repair)  
 For all passive IR and ER guidelines check with surgeon  
 No additional precautions for distal clavicle excision

Expected # of visits: **19-36**

<b><u>Week 1-2</u></b>	<b>Treatment</b>	<b>Milestones</b>
No formal PT Use sling with abduction pillow 24 hrs/day No driving	Ice shoulder for pain and inflammation control Remove sling TID for Codman's exercises	Comfortably sleep through the night
<b><u>Weeks 3-5</u></b>  Begin PT 2-3 visits/week Continue sling use 24 hours per day; d/c abduction pillow   <b>TOTAL VISITS      6-9</b>	Modalities for pain and inflammation control as needed Incision mobilization Test glenohumeral accessory motions <i>if hypomobile</i> - Rx: grade III/IV mobilizations <i>if normal mobility</i> - Rx: grade I/II mobilizations for pain control and to prevent adhesions  Passive Range of Motion (ROM) exercise in all planes except IR in 0 degrees abduction Active ROM in all planes except abduction and ER, focus on scapulo-humeral rhythm and scapular stabilization	No hypomobility or hypersensitivity of scars PROM: Full Horizontal adduction, flexion and abduction; ER/IR at 90 degrees of abduction to <b>surgeon's limit.</b> Full gleno-humeral joint mobility (e.g. inferior, posterior, anterior glides) Normal scapulo-humeral rhythm

<p><b><u>Weeks 6-10</u></b></p> <p>1-3 visits/wk</p> <p><b>TOTAL VISITS</b>      <b>11-24</b></p>	<p>D/C use of sling          Begin abduction and external rotation in gravity minimized positions progressing to gravity resisted          Begin with active assisted range of motion; progress to active          PRE's for all other shoulder motions</p>	<p>Full PROM for all motions except IR in 0 degrees abduction          Full AROM for all motions</p>
<p><b><u>Weeks 11-12</u></b></p> <p>1-3 visits/wk</p> <p><b>TOTAL VISITS</b>      <b>13-30</b></p>	<p>PRE's for all shoulder motions          Dynamic stabilization exercises          Progress to home exercise program for strengthening</p>	<p>Maintain full AROM and PROM          Independent with home exercises          Strength increasing</p>
<p><b><u>Weeks 13-18</u></b></p> <p>1 visit per week</p> <p><b>TOTAL VISITS</b>      <b>19-36</b></p>	<p>Progress strengthening program</p>	<p>Full ROM          MMT 5/5 all shoulder motions</p>
<p><b><u>Weeks 19-28</u></b></p> <p>Physical therapy is as needed for sport/work specific activities</p>	<p>Begin progression of sport/work specific rehabilitation</p>	<p>Return to sport/work</p>