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**Rehab Practice Guidelines for:
 Repair of Large Rotator Cuff Tears with Retraction**

Assumptions: 1. tears >2 centimeters
 2. 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 8 weeks (Primary repair)
 For **all** passive IR and ER guidelines check with surgeon
 No additional precautions for distal clavicle excision

Expected # of visits: **20-43**

<u>Week 1-3</u>	<u>Treatment</u>	<u>Milestones</u>
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
<u>Weeks 4-6</u> Begin PT 2-3 visits/week Continue sling use 24 hours per day; d/c abduction pillow TOTAL VISITS 6-9	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 external rotation, focus on scapulo-humeral rhythm and scapular stabilization	No hypomobility or hypersensitivity of scars PROM: Abduction and flexion unrestricted; Horizontal adduction, ER/IR at 90 degrees of abduction to surgeon's limit. Full gleno-humeral joint mobility (e.g. inferior, posterior, anterior glides) Normal scapulo-humeral rhythm

<p><u>Weeks 7-10</u></p> <p>D/C use of sling 1-3 visits/wk</p> <p>TOTAL VISITS 10-21</p>	<p>Begin abduction and external rotation in gravity minimized positions progressing to gravity resisted</p> <p>Begin with active assisted range of motion move to active</p> <p>PRE's for all other shoulder motions</p>	<p>Full PROM for all motions except IR in 0 degrees abduction</p> <p>Full AROM for all motions</p>
<p><u>Weeks 11-12</u></p> <p>1-3 visits/wk</p> <p>TOTAL VISITS 12-27</p>	<p>PRE's for all shoulder motions</p> <p>Dynamic stabilization exercises</p> <p>Progress to home exercise program for strengthening</p>	<p>Maintain full AROM and PROM</p> <p>Independent with home exercises</p> <p>Strength increasing</p>
<p><u>Weeks 13-20</u></p> <p>1-2 visit per week</p> <p>TOTAL VISITS 20-43</p>	<p>Progress strengthening program</p>	<p>Full ROM</p> <p>MMT 5/5 all shoulder motions</p>
<p><u>Weeks 21-36</u></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>