

Mayo Clinic

600 Hennepin ave, Minneapolis, MN Ph: 612-502-5386

www.KelechiOkorohaMD.com

MASSIVE ROTATOR CUFF REPAIR

Rehab Protocol

Weeks 1-6:

- Sling Immobilization
- · Active ROM Elbow, Wrist and Hand
- True Passive (ONLY) ROM Shoulder
 Supine Flevation in Scapular plan
 - Supine Elevation in Scapular plane = 140 degrees External Rotation = 40 degrees
- Scapular Stabilization exercises (sidelying)
- Deltoid isometrics in neutral (submaximal) as ROM improves
- No Pulley/Canes until 6 weeks post-op

Weeks 6-12:

- Discontinue Sling
- Active Assist to Active ROM Shoulder As Tolerated
 Elevation in scapular plane and external rotation to tolerance
 Begin internal rotation as tolerated
 - Light stretching at end ranges
- · Cuff Isometrics with the arm at the side
- Upper Body Ergometer

Months 3-12:

- Advance to full ROM as tolerated with passive stretching at end ranges
- Advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Begin eccentrically resisted motions, plyometrics (ex. Weighted ball toss), proprioception (es. body blade)
- Begin sports related rehab at 4 ½ months, including advanced conditioning
- Return to throwing at 6 months
- Throw from pitcher's mound at 9 months
- Collision sports at 9 months
- MMI is usually at 12 months post-op





