



Dr. Hennigan

MASSIVE ROTATOR CUFF REPAIR

MOON (Multicenter Orthopaedic Outcomes Network) Protocol

Revised 8/31/2020

Date of Surgery: _____

LONG TERM GOALS OF PROCEDURE:

- Patient to obtain appropriate glenohumeral joint capsular mobility to allow patient to perform overhead and forward-reaching activities as well as reaching behind back to return to previous level of function.
- To maximize patient's rotator cuff and scapular stabilizer strength and endurance to allow patient to perform all home and work-related activities without limitation.

WEEK 0-6 (No formal therapy except for 4-week check-in):

GOALS:

- To protect the cuff repair
- Patient to be compliant with prescribed activity modification, precautions, and home exercise program to allow for proper healing of repaired tissue.
- Promote healing and wound closure without infection.
- Patient will demonstrate ability to perform HEP as prescribed and instructed.

PRECAUTIONS:

- No driving until cleared by physician.
- No active use of involved arm for activities above waist level.
- No supporting of body weight by involved arm.
- No lifting of objects.

SLING:

- Continual wear of sling with ER pillow in place

EXERCISE PROGRAM:

- AROM of elbow, forearm, wrist, and hand
- Short-arc pendulum/Codman's exercise
- Grip strengthening
- Scar mobilization

4 WEEK CHECK-IN VISIT:

- Patient comes in for 4-week postop therapy visit to screen for shoulder stiffness.
- Visit goals:
 - Reiterate precautions, sling use, and the above HEP.
 - Check supine PROM into flexion
 - If the patient can achieve 90 degrees, place them on hold for another 2 weeks
 - If the patient cannot achieve 90 degrees due to stiffness and pain, initiate therapy at that time and start PROM.

WEEK 6-10 POST-OP:

PRECAUTIONS:

- No active use of involved arm for activities above waist level.
- No supporting of bodyweight by involved arm.
- No lifting of objects (even light objects).
- No shoulder AROM or AAROM

SLING:

- OK to remove ER pillow and discontinue sling at night. Wean out of sling for waking hours over the next two weeks.

EXERCISE PROGRAM:

- Gradually increase PROM of shoulder in scapular plane with focus on flexion, abduction, and ER
- Instruct patient in PROM exercises within a pain-free ROM, avoiding impingement symptoms.
- Address postural re-education: instruct in scapular rolls and retraction as needed.

WEEK 10-14 POST-OP:

PRECAUTIONS:

- No excessive behind the back movements.
- No sudden, jerky movements.
- No supporting bodyweight by involved arm.
- No strengthening

EXERCISE PROGRAM:

- Continue progression of PROM.
- Instruct patient in AAROM exercises within a pain-free ROM, avoiding impingement symptoms.
 - Week 10-11 Supine
 - Week 11-12 Propped at 45 degrees

- Week 12-14 Upright
- Address GHJ restrictions with joint mobilizations and static stretching
- Address AC joint and SC joint limitations

WEEK 14-18 POST-OP:

GOALS:

- Initiate AROM, avoiding impingement
- Patient to demonstrate full PROM, provided patient does not have significant glenohumeral joint capsules restrictions.
- Patient is allowed use of involved extremity to perform light activities of daily living only
- Maximize glenohumeral joint, AC joint, and SC joint capsule mobility to allow full shoulder AROM without compensatory patterns or symptoms of impingement.

EXERCISE PROGRAM:

- Progress to AROM in all planes as tolerated
- Begin isometrics including scapular stabilizers

WEEK 18-22 POST OP:

GOALS:

- Patient to demonstrate ability to perform active shoulder flexion and abduction without scapular substitution.
- Patient is allowed use of involved extremity to perform activities of daily living
- Gradually increase strength of RTC and scapular stabilizers to allow patient to perform overhead and forward-reaching activities without difficulty.
- Patient to return to work and previous level of function with full, functional use of involved extremity.

EXERCISE PROGRAM:

- Progress AROM in all planes, no restrictions
- Initiate PRE's including theraband and antigravity resistive exercises.
- Improve neuromuscular control with proprioception and plyometrics
- Gradually upgrade HEP to maximize strength and endurance of RTC and scapular stabilizers.