

## Rehabilitation Approach for Non-Surgical Management of Massive Rotator Cuff Tears

This protocol aims to guide clinicians through the non-operative management of massive rotator cuff tears for patients who are not suitable candidates for surgery. Massive rotator cuff tears involve extensive damage to multiple tendons of the shoulder's rotator cuff. Factors such as chronicity, poor tissue quality, and individual patient considerations may influence the decision against surgical intervention. The rehabilitation goals focus on reducing pain, enhancing range of motion, increasing strength and stability, improving overall function, and facilitating adaptation and compensation.

It is important to recognize that outcomes from non-operative management can vary among individuals, and patients may not achieve the same recovery levels as those undergoing surgery. Monitoring patient progress, adjusting the rehabilitation program as necessary, and ensuring effective pain management are crucial. Collaborating with a multidisciplinary team is highly recommended to optimize patient outcomes.

### PHASE I: PROTECTION AND PAIN MANAGEMENT (WEEKS 0-4 AFTER SURGERY)

<b>Rehabilitation Goals</b>	<ul style="list-style-type: none"> <li>• Protect the healing tissue</li> <li>• Manage pain and inflammation</li> <li>• Maintain range of motion (ROM)</li> </ul>
<b>Precautions/Sling</b>	<ul style="list-style-type: none"> <li>• Avoid heavy lifting, overhead activities and activities that cause pain</li> <li>• Use a sling for support if recommended by the healthcare professional</li> </ul>
<b>Interventions</b>	<p><i>Range of Motion</i></p> <ul style="list-style-type: none"> <li>• Passive ROM exercises for the shoulder within a pain-free range, seated GH flexion table slide, horizontal table slide             <ul style="list-style-type: none"> <li>◦ Avoid excessive force or stretching</li> </ul> </li> <li>• Active assisted ROM: Active assistive shoulder flexion, shoulder flexion with cane, cane external rotation stretch, washcloth press, sidelying elevation to 90 degrees</li> </ul> <p><i>Pain Management</i></p> <ul style="list-style-type: none"> <li>• Ice application for pain and swelling</li> <li>• Non-Steroidal anti-inflammatory drugs (NSAIDs) as prescribed</li> <li>• Steroid injection if indicated by specialist</li> </ul> <p><i>Manual Therapy</i></p> <ul style="list-style-type: none"> <li>• Gentle soft tissue mobilization and joint mobilization techniques as indicated within pain tolerance</li> </ul>
<b>Criteria to Progress</b>	<ul style="list-style-type: none"> <li>• Pain control and reduced inflammation</li> <li>• Improved PROM/AAROM</li> <li>• Basic shoulder movements without pain</li> </ul>

## PHASE II: RESTORING RANGE OF MOTION (WEEKS 4-8 AFTER SURGERY)

<p><b>Rehabilitation Goals</b></p>	<ul style="list-style-type: none"> <li>• Gradually improve shoulder ROM</li> <li>• Maintain pain control</li> <li>• Enhance scapular stabilization</li> </ul>
<p><b>Additional Interventions</b> *Continue with Phase I interventions</p>	<p><i>Range of Motion</i></p> <ul style="list-style-type: none"> <li>• Passive and active-assisted ROM exercises for shoulder within a pain-free range, seated shoulder elevation with cane, seated incline table slides, ball roll on wall, supine flexion, salutes, supine punch, wall climbs</li> <li>• Gentle stretching exercises for the shoulder and surrounding muscles, External rotation (90 degrees abduction), Hands behind head, IR behind back with towel, sidelying horizontal ADD, sleeper stretch, triceps and lats, doorjam series</li> </ul> <p><i>Strengthening</i></p> <ul style="list-style-type: none"> <li>• Anterior Deltoid Strengthening: Begin isometric exercises progressing to isotonic exercises using resistance bands or light dumbbells</li> <li>• Scapular Stabilization: Initiate scapular stabilization exercises, scap retraction, prone scapular retraction, standing scapular setting, supported scapular setting, inferior glide, low row</li> <li>• Proprioception and neuromuscular control: Include exercises that challenge balance, coordination and muscle control to enhance joint stability, internal and external rotation in scaption and Flex 90-125 (rhythmic stabilization), IR/ER and Flex 90-125 (rhythmic stabilization), quadruped alternating isometrics and ball stabilization on wall</li> </ul> <p><i>Manual Therapy</i></p> <ul style="list-style-type: none"> <li>• Soft tissue mobilization, joint mobilization and myofascial release techniques as indicated</li> </ul>
<p><b>Criteria to Progress</b></p>	<ul style="list-style-type: none"> <li>• Minimal pain during AROM exercise</li> <li>• Gradual improvement in A/PROM</li> <li>• No restrictions in daily activities</li> </ul>

## PHASE III: PROGRESSIVE STRENGTHENING (WEEKS 8-12 AFTER SURGERY)

<p><b>Rehabilitation Goals</b></p>	<ul style="list-style-type: none"> <li>• Improve shoulder strength and stability</li> <li>• Enhance dynamic scapular control</li> <li>• Gradually return to functional activities</li> </ul>
<p><b>Additional Intervention</b> *Continue with Phase I-II interventions</p>	<p><i>Strengthening</i></p> <ul style="list-style-type: none"> <li>• Anterior Deltoid Strengthening: Progress isotonic exercises using resistance bands or light dumbbells</li> <li>• Rotator Cuff Strengthening: Progressive resistance exercises for the remaining rotator cuff muscles using resistance bands or light dumbbells, internal external rotation isometrics, sidelying external rotation, standing external rotation w/ resistance band, standing internal rotation w/ resistance band, internal rotation, external rotation, sidelying ABD &gt; standing ABD</li> <li>• Scapular Stabilization: Progress exercises with resistance using resistance bands or light dumbbells, Row on physioball, shoulder extension on physioball, Resistance band shoulder extension, resistance band seated rows, rowing, lawn mowers, robbery, serratus punches</li> <li>• Core and Lower Extremity Strengthening: Exercises to maintain overall body strength and stability</li> </ul>

## PHASE III: PROGRESSIVE STRENGTHENING (WEEKS 8-12 AFTER SURGERY) CONTINUED

<p><b>Additional Intervention</b> *Continue with Phase I-II interventions</p>	<p><i>Neuromuscular control</i></p> <ul style="list-style-type: none"> <li>• Incorporate closed-chain exercises that emphasize functional movements. Begin exercises that challenge dynamic stability and control with progression to addition of perturbation and proprioceptive training, Push-up plus on knees, prone shoulder extension Is, resistance band forward punch, forward punch, tripod, pointer</li> </ul> <p><i>Functional Training</i></p> <ul style="list-style-type: none"> <li>• Gradual progression of functional activities, such as reaching, lifting and carrying objects with proper body mechanics</li> </ul> <p><i>Manual Therapy</i></p> <ul style="list-style-type: none"> <li>• On-going soft tissue mobilization, joint mobilization and myofascial release techniques as indicated</li> </ul>
<p><b>Criteria to Progress</b></p>	<ul style="list-style-type: none"> <li>• Sustained pain-free AROM</li> <li>• Increased strength and endurance</li> <li>• Achieved specific strength and functional goals</li> <li>• Demonstrated stability and control during dynamic movements</li> </ul>

## PHASE IV: RETURN TO FUNCTION (WEEKS +12 AFTER SURGERY)

<p><b>Rehabilitation Goals</b></p>	<ul style="list-style-type: none"> <li>• Maximize shoulder function</li> <li>• Improve strength and endurance</li> <li>• Return to desired activities</li> </ul>
<p><b>Additional Intervention</b> *Continue with Phase I-III interventions</p>	<p><i>Strengthening</i></p> <ul style="list-style-type: none"> <li>• Continued progression of anterior deltoid, rotator cuff, scapular stabilization and neuromuscular control exercises, T and Y, “T” exercise, push-up plus knees extended, wall push up, “W” exercise, resistance band Ws, dynamic hug, resistance band dynamic hug, External rotation at 90 degrees, internal rotation at 90 degrees, resistance band standing external rotation at 90 degrees, resistance band standing internal rotation at 90 degrees, PNF - D1 diagonal lifts, PNF - D2 diagonal lifts, Field goals, Resistance band PNF pattern, PNF - D1 diagonal lifts w/ resistance, diagonal-up, diagonal-down, wall slides w/ resistance band</li> <li>• Incorporation of activity-specific exercises</li> </ul>
<p><b>Criteria to Progress</b></p>	<ul style="list-style-type: none"> <li>• Maximal pain-free ROM and strength</li> <li>• Improved motor control during functional movements</li> <li>• Able to perform specific activities without limitations</li> <li>• Demonstrates ability to handle increased load and demands on the shoulder</li> <li>• Last stage-no additional criteria</li> </ul>

For further assistance or to schedule an appointment, please contact **iOrtho - The Orthopedic Institute** at **833-464-6784** or visit our website at **iorthomd.com** to text/email us. Our team is dedicated to providing personalized care and guidance throughout your rehabilitation journey.