TYPE THREE - ROTATOR CUFF REPAIR
MINI-OPEN OR NEER APPROACH
Large to Massive Tear
(Greater than 5 cm)

I. **Phase I – Immediate Postoperative Phase** (Weeks 0 – 6)

**Days 0-14**
Patient is seen 2 days post-operative to remove surgical dressings and pain catheter. Showering is allowed once dressings and catheter is removed. The patient is seen 2-3x/week for supervised rehab. MD visits at 2 weeks, and 6 weeks.

**Rehabilitation Goals:**

- Gradual return to full ROM
- Increase shoulder strength
- Decrease pain

**Brace Use:** During the first 2 weeks, the patient wears sling/bolster 24 hrs/day except when in PT, showering, or performing exercises at home.

**Modalities:** Cryotherapy, interferential stimulation for pain control

**Exercises**

1. Passive ROM exercises (NO PULLEYS)
   - Flexion and Abduction (within patients tolerance)
   - IR & ER in scapular plane (within patients tolerance)
2. Hand grip with putty or tennis ball
3. AROM: elbow flexion-extension, forearm pronation-supination
4. AROM: cervical spine
5. Continuous Passive Motion Machine (CPM) if ordered by MD

**Week 3 – 4:**

Brace Use: Brace is typically discontinued at 2 weeks by MD.

Modalities: Ice, electric stimulation for pain control
Exercises:
1. Continue PROM exercises
   - Flexion, Abduction, ER, IR, all within patients tolerance
2. Initiate proprioception training
3. Submaximal, non-painful isometric shoulder exercises IR & ER
4. PRE’s for elbow and wrist
5. Cardio: Stationary cycling

Weeks 5 – 6:

Exercises:
1. Continue ROM – passive stretching and initiate self stretches with cane IR & ER
2. Continue isometrics may begin Flexion, Abduction, and extension
3. Continue PRE’s for elbow and wrist

II. Phase II – Intermediate Phase: Moderate Protection Phase (Week 7 – 12)

The patient is seen usually 2 days/week for supervised rehab and performs home program 3x/week. MD visit at 12 weeks.

Goals:
- Restore full range of shoulder motion
- Improve shoulder dynamic stability
- Improve shoulder proprioception

Weeks 7 – 8:

Exercises:
1. Continue with stretching
2. Initiate tubing for IR & ER, extension
3. Initiate Active Assistive cane exercises for Flexion, and Abduction progressing to Active Shoulder Flexion, Scaption, and Abduction without resistance
4. Initiate PNF movements without resistance
5. Cardio: stationary cycling, elliptical trainer, deep water running with vest

Weeks 9 – 12:

Exercises:
1. May initiate more aggressive strengthening: Resistive Flexion, Abduction, Scaption
2. Progress strengthening exercises
3. Continue all stretching exercise
4. Cardio: May begin running at 12 weeks

**Progress ROM to functional demands of sport or work**
III. **Phase III – Minimal Protection Phase** (Week 13-20)

Patient is seen by MD at 4, 5, and 6 months.

**Goals:**
- Establish and maintain full ROM
- Improve Muscular Strength, Power, and Endurance
- Gradually initiate functional activities

**Week 13 – 20:**

**Exercises:**
1. Stretching to maintain ROM for overhead activity
2. Continue all isotonic exercises, weights and tubing
3. Chest press (protected ROM), Shoulder Press, Lat pulldowns in front only, Rows
4. Two armed plyometrics, progress to one armed plyos
5. Initiate Interval Sport/Work Program (throwing, work simulation)

IV. **Phase IV – Return to Activity Phase** (Month 4 – 6)

**Goals:**
- Enhance muscular strength, power, and endurance
- Progress functional activities
- Maintain shoulder mobility
- Gradual return to sport or work activities

**4 – 6 Months:**

**Exercises:**
1. Continue all flexibility and strengthening exercises
2. Progress Interval sport or work conditioning programs
3. Gradually progress to sport or work activities to unrestrictive participation