



**Post-Operative Rehabilitation Protocol
Open Rotator Cuff Repair with Pectoralis Major Tendon Transfer**

Phase I: 0-6 Weeks Post-Op

Goals	<ul style="list-style-type: none"> • Protection of surgical repair • Reduce pain and inflammation • Use modalities as needed to decrease pain and promote healing
Precautions/ Sling Use	<ul style="list-style-type: none"> • Must wear sling (all components) at all times, except during home exercises and physical therapy • Avoid pendulum exercises weeks 1-4
Range of Motion	<ul style="list-style-type: none"> • No AROM of the shoulder • No aggressive or painful PROM • Passive Range of Motion: <ul style="list-style-type: none"> ○ Forward flexion to 90 degrees (week 1-4 post-op), progress to full (week 4-6) ○ Passive IR/ER to neutral with arm at side (week 1-4 post-op), progress to 45 degrees in the scapular plane • May initiate AAROM flexion in supine at week 5 post-op
Strengthening	<ul style="list-style-type: none"> • Peri-scapular strengthening exercises • Elbow, wrist and hand exercises • Initiate sub-maximal deltoid and IR/ER isometric exercises with arm at side at week 5
Home Instructions	<ul style="list-style-type: none"> • Keep surgical dressings clean and dry • Change surgical bandages on the 2nd day after surgery (keep covered until first clinic visit) • Can bathe on the 2nd day after surgery (do not scrub, soak, or submerge the incisions) • Must sleep in the sling • May type or write with surgical side hand, but only while in the sling • Avoid pendulum exercises

Phase II: 6-10 Weeks Post-Op

Goals	<ul style="list-style-type: none"> • Minimize pain and inflammation • Gradual restoration of full PROM • Use modalities as needed to decrease pain and promote healing
Precautions/ Sling Use	<ul style="list-style-type: none"> • Discontinue sling/immobilizer at week 6 • Do not overstress healing tissue • Note: Patient must be able to elevate arm without shoulder or scapular hiking prior to initiating isotonic
Range of Motion	<ul style="list-style-type: none"> • Progress PROM to full (pain free) ROM • Scapular/glenohumeral joint mobilization as indicated to restore ROM • AAROM (wand exercises) progress to AROM in scapular plane • Progress to full AROM by week 10
Strengthening	<ul style="list-style-type: none"> • Progress periscapular strengthening exercises • Continue sub-maximal isometrics (avoiding isometric with pec muscle lengthened)

Home Instructions	<ul style="list-style-type: none"> • No lifting, pulling, or pushing more than • No overhead work • No repetitive motions with the shoulder • Do not support bodyweight with operative shoulder
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Phase III: 10-14 Weeks Post-Op

Goals	<ul style="list-style-type: none"> • Maintain full AROM • Use modalities as needed to decrease pain and promote healing
Precautions/Sling Use	<ul style="list-style-type: none"> • No use of sling/immobilizer
Range of Motion	<ul style="list-style-type: none"> • Maintain full shoulder ROM
Strengthening	<ul style="list-style-type: none"> • May use upper body ergometer • Progress resistive exercises • PNF diagonal patterns with manual resistance • Isotonic exercises with dumbbells • Dynamic stabilization and strengthening program (prone rowing, prone horizontal abduction, “full can”, etc.) • Gentle two handed submaximal plyometrics such as chest pass, side to side throws, body blade • Gradual restoration of strength, power, and endurance
Home Instructions	<ul style="list-style-type: none"> • Gradual return to functional activities

Phase IV: 14+ Weeks Post-Op

Goals	<ul style="list-style-type: none"> • Maintain full, pain free AROM • Improve muscular strength and power • Return to functional activity
Precautions/Sling Use	<ul style="list-style-type: none"> • No sling/immobilizer use
Range of Motion	<ul style="list-style-type: none"> • Maintain full AROM • Continue ROM and capsular stretching
Strengthening	<ul style="list-style-type: none"> • Progress shoulder strengthening exercises • Advance proprioceptive/neuromuscular activities • Initiate plyometrics • Incorporate work/sport specific strengthening and proprioceptive exercises
Home Instructions	<ul style="list-style-type: none"> • Gradual return to strenuous work, recreational, or sport activities

For any questions about operative details or rehabilitation guidelines, please contact the respective surgeon’s Athletic Trainer at the contact information found at this link: <https://med.virginia.edu/orthopaedic-surgery/orthopaedic-divisions/sports-medicine/protocols/>