

UVA SPORTS MEDICINE

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

Phase I: 0-6 Weeks Post-Op

Goals	 Protection of surgical repair Reduce pain and inflammation Use modalities as needed to decrease pain and promote healing
Precautions/ Sling Use	 Must wear sling (all components) at all times, except during home exercises and physical therapy Avoid pendulum exercises weeks 1-4
Range of Motion	 No AROM of the shoulder No aggressive or painful PROM Passive Range of Motion: 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	 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	 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	 Minimize pain and inflammation Gradual restoration of full PROM Use modalities as needed to decrease pain and promote healing
Precautions/ Sling Use	 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 isotonics
Range of Motion	 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	 Progress periscapular strengthening exercises Continue sub-maximal isometrics (avoiding isometric with pec muscle lengthened)

	•	No lifting, pulling, or pushing more than
Home	•	No overhead work
Instructions	•	No repetitive motions with the shoulder
	•	Do not support bodyweight with operative shoulder

Phase III: 10-14 Weeks Post-Op

Goals	 Maintain full AROM Use modalities as needed to decrease pain and promote healing
Precautions/ Sling Use	No use of sling/immobilizer
Range of Motion	Maintain full shoulder ROM
Strengthening	 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	Gradual return to functional activities

Phase IV: 14+ Weeks Post-Op

Goals	 Maintain full, pain free AROM Improve muscular strength and power Return to functional activity
Precautions/ Sling Use	No sling/immobilizer use
Range of Motion	Maintain full AROMContinue ROM and capsular stretching
Strengthening	 Progress shoulder strengthening exercises Advance proprioceptive/neuromuscular activities Initiate plyometrics Incorporate work/sport specific strengthening and proprioceptive exercises
Home Instructions	Gradual return to strenuous work, recreational, or sport activities