

Rehabilitation Protocol for Non-Operative Massive Rotator Cuff Tear(s)

This protocol is intended to guide clinicians through the non-operative course of massive rotator cuff tear injury for individuals that are not appropriate for surgical intervention. Massive rotator cuff tears refer to extensive tears involving multiple tendons of the rotator cuff in the shoulder. Various factors, such as chronicity, poor tissue quality and individual patient factors may deem that patient not suitable for surgery. The goals of rehabilitation include pain reduction, improved range of motion, improved strength and stability, improved function and adaptation/compensation.

It's important to note that the outcomes of non-operative management may vary between individuals and patients will likely not achieve the same level of recovery as compared to surgical intervention. It's crucial to monitor the patient's progress, modify the program as needed, and ensure appropriate pain management. Collaborating with a multidisciplinary team is highly recommended to optimize patient outcomes.

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

	CHON AND PAIN MANAGEMENT (0-4 WEEKS AFTER INJURY)
Rehabilitation	Protect the healing tissue
Goals	Manage pain and inflammation
	Maintain range of motion (ROM)
Precautions/Sling	Avoid heavy lifting, overhead activities and activities that cause pain
	Use a sling for support if recommended by the healthcare professional
Interventions	Range of Motion
	 Passive ROM exercises for the shoulder within a pain-free range, <u>seated GH flexion table slide</u>, <u>horizontal table slide</u>
	Avoid excessive force or stretching
	Active assisted ROM: <u>Active assistive shoulder flexion</u> , <u>shoulder flexion with cane</u> , <u>cane external rotation stretch</u> , <u>washcloth press</u> , <u>sidelying elevation to 90 degrees</u>
	Pain Management
	Ice application for pain and swelling
	Non-Steroidal anti-inflammatory drugs (NSAIDs) as prescribed
	Steroid injection if indicated by specialist
	Manual Therapy
	Gentle soft tissue mobilization and joint mobilization techniques as indicated within pain tolerance
Criteria to	Pain control and reduced inflammation
Progress	Improved PROM/AAROM
	Basic shoulder movements without pain

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

Rehabilitation Goals	Gradually improve shoulder ROM
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 Supine punch, wall climbs 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 Strengthening Anterior Deltoid Strengthening: Begin isometric exercises progressing to isotonic exercises using resistance bands or light dumbbells Scapular Stabilization: Initiate scapular stabilization exercises, scap retraction, prone scapular retraction, standing scapular setting, supported scapular setting, inferior glide, low row Proprioception and neuromuscular control: Include exercises that challenge balance, 		
Range of Motion		Maintain pain control
 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 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 Strengthening Anterior Deltoid Strengthening: Begin isometric exercises progressing to isotonic exercises using resistance bands or light dumbbells Scapular Stabilization: Initiate scapular stabilization exercises, scap retraction, prone scapular retraction, standing scapular setting, supported scapular setting, inferior glide, low row Proprioception and neuromuscular control: Include exercises that challenge balance, 		Enhance scapular stabilization
*Continue with Phase I shoulder elevation with cane, seated incline table slides, ball roll on wall, supine flexion, salutes supine punch, wall climbs • 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 *Strengthening* • Anterior Deltoid Strengthening: Begin isometric exercises progressing to isotonic exercises using resistance bands or light dumbbells • Scapular Stabilization: Initiate scapular stabilization exercises, scap retraction, prone scapular retraction, standing scapular setting, supported scapular setting, inferior glide, low row • Proprioception and neuromuscular control: Include exercises that challenge balance,	Additional	Range of Motion
 defice stretching exercises for the shoulder and surrounding muscles, external rotation (50 degrees abduction), Hands behind head, IR behind back with towel, sidelying horizontal ADD, sleeper stretch, triceps and lats, doorjam series Strengthening Anterior Deltoid Strengthening: Begin isometric exercises progressing to isotonic exercises using resistance bands or light dumbbells Scapular Stabilization: Initiate scapular stabilization exercises, scap retraction, prone scapular retraction, standing scapular setting, supported scapular setting, inferior glide, low row Proprioception and neuromuscular control: Include exercises that challenge balance, 	*Continue with Phase I	shoulder elevation with cane, seated incline table slides, ball roll on wall, supine flexion, salutes,
 Anterior Deltoid Strengthening: Begin isometric exercises progressing to isotonic exercises using resistance bands or light dumbbells Scapular Stabilization: Initiate scapular stabilization exercises, scap retraction, prone scapular retraction, standing scapular setting, supported scapular setting, inferior glide, low row Proprioception and neuromuscular control: Include exercises that challenge balance, 	interventions	degrees abduction), Hands behind head, IR behind back with towel, sidelying horizontal ADD,
 using resistance bands or light dumbbells Scapular Stabilization: Initiate scapular stabilization exercises, scap retraction, prone scapular retraction, standing scapular setting, supported scapular setting, inferior glide, low row Proprioception and neuromuscular control: Include exercises that challenge balance, 		Strengthening
 retraction, standing scapular setting, supported scapular setting, inferior glide, low row Proprioception and neuromuscular control: Include exercises that challenge balance, 		
scaption and Flex 90-125 (rhythmic stabilization), IR/ER and Flex 90-125 (rhythmic stabilization), quadruped alternating isometrics and ball stabilization on wall		 retraction, standing scapular setting, supported scapular setting, inferior glide, low row 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
Manual Therapy		Manual Therapy
Soft tissue mobilization, joint mobilization and myofascial release techniques as indicated		Soft tissue mobilization, joint mobilization and myofascial release techniques as indicated
Criteria to • Minimal pain during AROM exercise	Criteria to	<u> </u>
Progress • Gradual improvement in A/PROM	Progress	
No restrictions in daily activities		

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

Rehabilitation	Improve shoulder strength and stability
Goals	Enhance dynamic scapular control
	Gradually return to functional activities
Additional	Strengthening
*Continue with	 Anterior Deltoid Strengthening: Progress isotonic exercises using resistance bands or light dumbbells
Phase I-II Interventions	• Rotator Cuff Strengthening: Progressive resistance exercises for the remaining rotator cuff muscles using resistance bands or light dumbbells, <u>internal external rotation isometrics</u> , <u>sidelying external rotation</u> , <u>standing external rotation</u> <u>w/resistance band</u> , <u>internal rotation</u> , <u>external rotation</u> , <u>sidelying ABD</u> → <u>standing ABD</u>
	 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
	Core and Lower Extremity Strengthening: Exercises to maintain overall body strength and stability
	Neuromuscular control
	 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, <u>Push-up plus on knees</u>, <u>prone shoulder extension Is</u>, <u>resistance band</u> <u>forward punch</u>, <u>forward punch</u>, <u>tripod</u>, <u>pointer</u>
	Functional Training
	 Gradual progression of functional activities, such as reaching, lifting and carrying objects with proper body mechanics

	 Manual Therapy On-going soft tissue mobilization, joint mobilization and myofascial release techniques as indicated
Criteria to Progress	 Sustained pain-free AROM Increased strength and endurance
	 Achieved specific strength and functional goals Demonstrated stability and control during dynamic movements

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

	ORN TO FUNCTION (12+ WEEKS AFTER INJUNT)
Rehabilitation	Maximize shoulder function
Goals	Improve strength and endurance
	Return to desired activities
Additional	Strengthening
Interventions	Continued progression of anterior deltoid, rotator cuff, scapular stabilization and
*Continue with Phase I-III interventions	neuromuscular control exercises, <u>T</u> and <u>Y</u> , <u>"T"</u> exercise, <u>push-up plus knees extended</u> , <u>wall push up</u> , <u>"W"</u> exercise, <u>resistance band Ws</u> , <u>dynamic hug</u> , <u>resistance band dynamic hug</u> , <u>External rotation at 90 degrees</u> , <u>internal rotation at 90 degrees</u> , <u>resistance band standing external rotation at 90 degrees</u> , <u>resistance band standing internal rotation at 90 degrees</u> , <u>PNF – D1 diagonal lifts</u> , <u>PNF – D2 diagonal lifts</u> , <u>Field goals</u> , <u>Resistance band PNF pattern</u> , <u>PNF – D1 diagonal lifts</u> <u>w/</u> resistance, <u>diagonal-up</u> , <u>diagonal-down</u> , <u>wall slides w/</u> resistance band
	Incorporation of activity-specific exercises
Criteria to	Maximal pain-free ROM and strength
Progress	Improved motor control during functional movements
	Able to perform specific activities without limitations
	Demonstrates ability to handle increased load and demands on the shoulder
	Last stage-no additional criteria

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Contact Please email MGHSportsPhysicalTherapy@partners.org with questions specific to this proto	col
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