

Physical Therapy Prescription – Arthroscopic Rotator Cuff Repair (MASSIVE) MOON Protocol

Name: _____

Date: _____

Diagnosis: R / L arthroscopic rotator cuff repair

Date of Procedure: _____

Frequency: 2-3 Times Per Week for ____ weeks, beginning 6 weeks after surgery

Weeks 0-6: *period of protection, NO THERAPY for 6 weeks*

- **Sling with pillow at all times except hygiene for 6 weeks**
- **Range of Motion:** *No shoulder ROM allowed; elbow/forearm/wrist/hand motion ONLY*
- **Exercises:** pendulums and grip strengthening; NO shoulder strengthening, or motion exercises permitted

Weeks 6-10:

- **Ok to wean out of sling unless in crowd or slippery environment**
- **Range of motion:** PROM only, including FF, ER, and ABD within a comfortable range; *NO AROM/AAROM*
- **Exercises:** continue pendulums; begin scapular exercises including elevation with shrugs, depression, retraction, and protraction; no resistance exercises before 3 months
- **Modalities:** per therapist to include e-stem, ultrasound, heat before and ice following therapy

Weeks 10-14:

- **Range of motion:** progress to PROM and begin AAROM slowly
 - o **Week 10-11:** perform while supine
 - o **Week 11-12:** perform while back is propped up to 45 degrees,
 - o **Week 12-14:** advance to upright position
 - o *Utilize unaffected arm, stick, or cane to move postoperative arm into FF, ER, and Abd*
- **Exercises:** progress from above, no strengthening yet
- **Modalities:** per therapist to include e-stem, ultrasound, heat before and ice following therapy

Weeks 14-18:

- **Range of Motion:** Begin AROM in all planes with slow, graduated progression
- **Therapeutic Exercises:** begin isometric exercises with use of pillow or folded towel under arm without moving the shoulder
- **Modalities:** per therapist to include e-stem, ultrasound, heat before and ice following therapy

Weeks 18-22:

- **Range of Motion:** progress to full, painless, AROM
- **Therapeutic Exercises:** begin gentle resistance exercises, including resisted scapular strengthening, RTC strengthening, deltoid strengthening; these should be done 3 days/week with rest between sessions, ***no full or empty can exercises as these place too much stress on the RTC***
- **Modalities:** per therapist to include e-stem, ultrasound, heat before and ice following therapy

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Signature: _____

Date: _____