



Orthopedic Surgery, Sports Medicine & Arthroscopy Specialists

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REHABILITATION PROTOCOL- Rotator cuff repair & biceps tenodesis

The rehabilitation guidelines are presented in a criterion based progression program. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions, and precautions may also be given to protect healing tissues and the surgical repair/reconstruction. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.

Special attention must be given to impairments that caused the initial problem. For example, if the patient is s/p partial medial meniscectomy and they have a varus alignment, post-operative rehabilitation should include correcting muscle imbalances or postures that create medial compartment stress.

INDIVIDUAL CONSIDERATIONS: S/p

PHASE 1- Surgery to 4 weeks

REHAB GOALS	1. Reduce pain and inflammation 2. Maintain integrity of repair
PRECAUTIONS	1. Sling immobilization for 6 weeks. Can remove for bathing & exercises 2. ROM/precautions: 90 elevation in scapular plane for weeks 3-4. No active ROM for 6 weeks. Extension to 0 and ER to 45 for 4 weeks. Subscapularis repair- full: no ER past neutral for 6 weeks, partial: no ER past 20 degrees for 6 weeks 3. No resistive biceps exercise for 3 months 4. Cryocuff 3-5 times per day for 20 minutes and ice after every therapy session once splint removed
RANGE OF MOTION EXERCISES	○ Active wrist, hand ROM ○ Passive elbow flexion/extension ○ Week 3- supported codman exercises ○ Week 3- Passive flexion, abduction in scapular plane, ER/IR in scapular plane
SUGGESTED THERAPEUTIC EXERCISES	○ As above ○ Gripping ○ Scapular PNF, scapular retraction & clocks with bent elbow
CARDIOVASCULAR EXERCISE	

PROGRESSION CRITERIA	○ Minimal/no pain ○ Wound healing ○ Passive scapular elevation to 90, Passive ER/IR in scapular plane to 45
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PHASE 2- 5-10weeks

REHAB GOALS	1. Protection of repair 2. Gradual restoration of ROM 3. Minimize pain and swelling
PRECAUTIONS	1. Sling immobilization for 6 weeks, can remove for bathing & exercise. 2. No active ROM for 6 weeks. Subscapularis repair- full: no ER past neutral for 6 weeks, partial: no ER past 20 degrees for 6 weeks 3. No resistive biceps exercises for 3 months 4. Cryocuff 3-5 times per day for 20 minutes and ice after every therapy session
RANGE OF MOTION EXERCISES	○ Continue phase 1 exercises ○ Progress from passive to active assist ROM in flexion supine ○ Gentle scapular /GH joint mobilizations ○ Ok to begin active ROM elbow flexion/extension & forearm supination/pronation
SUGGESTED THERAPEUTIC EXERCISES	○ Continue phase 1 exercises ○ Prone rows to neutral ○ Manual scapular resistive exercises side lying, active punches ○ Week 7-rotator cuff isometrics, active shoulder flexion scapular plane, abduction ○ Non-weight bearing UE core stability exercises ○ Begin light LE exercises without weight or gripping in operative arm
CARDIOVASCULAR EXERCISE	Stationary bike
PROGRESSION CRITERIA	○ No swelling or pain ○ Full, active ROM of shoulder ○ Normal/minimal deficit in scapulohumeral rhythm

PHASE 3- 11-14 weeks postop

REHAB GOALS	○ Gradually restore shoulder strength ○ Normalize scapulothoracic kinematics ○ Maintain/progress to full ROM
PRECAUTIONS	○ No lifting >5 lbs ○ Continue ice post-therapy
RANGE OF	○ Continue exercises from phase 2.

MOTION EXERCISES	○ Mobilizations/modalities as needed
SUGGESTED THERAPEUTIC EXERCISES	○ Continue exercises from phase 2 ○ Week 12- strengthening: ER/IR theraband, ER sidelying, lateral raises (no shoulder/scapular hiking), scaption full can, prone rows, prone horizontal abduction, prone extension, elbow flexion/extension ○ Week 12- Initiate Light Lower extremity sport/work specific drills
CARDIOVASCULAR EXERCISE	Stationary bike increasing resistance, elliptical, stairmaster, treadmill walking
PROGRESSION CRITERIA	○ Pain free ROM ○ Normal scapulohumeral rhythm ○ No pain with ADLs ○ No pain with strengthening exercises ○ No evidence of repair failure

PHASE 4- 15-23 weeks postop

REHAB GOALS	○ Full shoulder strength ○ Advance muscular endurance ○ Gradual return to activity
PRECAUTIONS	Post-activity soreness should resolve within 24 hours Avoid post activity swelling
RANGE OF MOTION EXERCISES	○ Continue with flexibility exercises from previous phase ○ LE and core flexibility
SUGGESTED THERAPEUTIC EXERCISES	○ Continue phase 3 activities, progress with weight/resistance
CARDIOVASCULAR EXERCISE	Continue from phase 3, walk/run progression
PROGRESSION CRITERIA- RETURN TO WORK/SPORT	○ Full passive, active GH ROM ○ No pain or swelling ○ Strength 85% of contralateral

PHASE 5- 24+ weeks postop

REHAB GOALS	○ Full shoulder strength and ROM ○ Return to sport/work
PRECAUTIONS	Post-activity soreness should resolve within 24 hours Avoid post activity swelling
RANGE OF MOTION EXERCISES	○ Continue with flexibility exercises from previous phase ○ LE and core flexibility
SUGGESTED THERAPEUTIC EXERCISES	○ Continue phase 4 activities, progress with weight/resistance ○ Ok to return to gym for UE exercises, begin with <50% of presurgical weight and progress as tolerated ○ Sport/work specific activities ok to start ○ Throwers- begin throwing progression
CARDIOVASCULAR EXERCISE	Progress to baseline
PROGRESSION CRITERIA- RETURN TO WORK/SPORT	○ Full passive, active GH ROM ○ No pain or swelling ○ Strength 90% of contralateral with rotator cuff ratio 70% ○ Throwers-completion of throwing program ○ Completion of sport/work specific program