



Rapid Rotator Cuff Repair + Biceps Tenodesis Rehabilitation Protocol

Prescription

- PT / OT 2 times per week x 24 weeks, with 1 refill as needed
- Ordering physician – Erick Marigi, MD (NPI: 1801393509)

SLING TO BE WORN FULL TIME x 6 WEEKS AT ALL TIMES EXCEPT BATHING, DRESSING, AND THERAPY.

NO BICEPS STRENGTHENING x 8 WEEKS

Post op Week 0 – 1: Protective / Healing Phase

- Emphasize pain and swelling control, Icing program, 3 to 5 times a day, 40 minutes each after exercises
- Ultrasound / E-Stim if indicated
- FULL Passive ROM / Active assisted ROM / Active ROM of the elbow / wrist / hand
- **NO ACTIVE USE OF THE OPERATIVE ARM OR THERAPY DIRECTLY TO THE SHOULDER DURING THIS TIME**

Post op Week 1 – 6: Protective / Healing Phase and Initiation of Early Motion

- Emphasize Range of Motion with no significant weight bearing to the operative shoulder
- Therapist to introduce Shoulder retractions and Pendulum / Codman exercises
- Shoulder Passive ROM in Forward elevation (Table slides)
- Shoulder PROM / AAROM in ER to 30° (Advance to unlimited passive ER starting week 4)
- Develop and Teach a Home Exercise Program – Table Slides, Passive ER (3 – 5 times / day)

Post op Week 6 – 12: Motion Recovery Phase

- Wean out of the sling as comfort allows
- Emphasize ROM and gentle ADL's with the affected arm at the side. No active reaching with the op arm.
- Therapist to add the following exercises – Passive ROM / Active Assisted ROM in internal rotation
- Teach HEP – Passive / Active assisted ROM (Forward elevation, ER). Add Internal rotation if stiff

Post op Week 12 – 18: Early Functional Recovery Phase

- Continue PROM / AAROM stretching (Forward Elevation, ER, IR)
- Once full PROM and AAROM is reached → Progress to full AROM in all planes
- Begin Isometric strengthening to upper extremity, progress to isotonic as pain allows (FE, ER, IR)
- Scapular stabilizer program. Initiate strengthening with a 10 lb. lifting restriction
- Teach HEP – (3 - 5 times / day for 5 minutes each time)

Post op Week 18 – 24: Functional and Early Strength Recovery Phase

- Continue stretching to end range as tolerated in all planes until full motion is achieved
- Advance strengthening – Once safe and painless 10 lb. lifts → Progress to 20 lbs. → Advance to WBAT
- Begin functional progression as needed specific to sport and work demands
- Teach HEP – (3 - 5 times / day for 5 minutes each time)

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.

Each patient's progress may vary based on specifics of their injury and procedure.

