

## Standard Rotator Cuff Repair Rehabilitation Protocol +/- Biceps Tenodesis

Phase	Goals	Precautions / Restrictions	Treatment
<b>Weeks 0 – 3</b>	<ul style="list-style-type: none"> <li>Protect surgical site</li> <li>Decrease pain + inflammation with PRICE principles</li> <li>Minimize muscle atrophy</li> </ul>	<ul style="list-style-type: none"> <li><b><u>NO ACTIVE USE OF THE OPERATIVE ARM OR THERAPY DIRECTLY TO THE SHOULDER DURING THIS TIME</u></b></li> <li>Wear shoulder immobilizer with pillow as directed</li> </ul>	<ul style="list-style-type: none"> <li>Active Assisted ROM to Active ROM of the elbow, wrist and hand with arm in plane of body</li> <li>Ice / Cryotherapy – 5 - 7 x day, 40 min each session</li> <li>Ultrasound / Electrical stimulation if available</li> <li>Initial visit – FOTO PRO, QuickDASH</li> </ul>
<b>Weeks 3 – 6</b>	<ul style="list-style-type: none"> <li>Initiate Supine Passive ROM</li> <li>Maintain adequate pain control and inflammation with PRICE principles</li> <li><b><u>If Biceps Tenodesis – No Biceps Strengthening x 8 Weeks</u></b></li> </ul>	<ul style="list-style-type: none"> <li>No lifting of any object on surgical side with no excessive arm motions</li> <li>No lifting &gt; 5 lbs. or pushing / pulling &gt; 20 lbs. on uninvolved side</li> <li>No IR (cross body or behind the back)</li> <li>Wear immobilizer with pillow except for hygiene and exercise performance</li> </ul>	<ul style="list-style-type: none"> <li>Shoulder arm hang exercises, pendulums, retractions</li> <li>Initiate <b><u>gentle</u></b> shoulder passive ROM with limits <ul style="list-style-type: none"> <li>Forward elevation = 120°, ER (Scapular plane) = 45°</li> <li><b><u>If subscapularis repair – Limit ER to 30° x 6 weeks</u></b></li> </ul> </li> <li>Core activation and stationary bike if available with immobilizer on and no use of the handlebars</li> <li>Teach a HEP – PROM in FE + ER (3 – 5 times / day)</li> </ul>
<b>Weeks 6 – 12</b>	<ul style="list-style-type: none"> <li>Maintain integrity of repair</li> <li>Initiate internal rotation ROM <ul style="list-style-type: none"> <li>However start horizontal adduction + functional IR (behind the back at wk 10)</li> </ul> </li> <li>Progress PROM and advance to AAROM and AROM</li> <li>Improve muscle activation and motor control</li> <li>Week 12 – Functional AROM of shoulder with normal scapular mechanics and avoidance of the “scapular shrug”</li> </ul>	<ul style="list-style-type: none"> <li>May discontinue pillow at week 6, and wean out of sling as able over next 1-2 weeks</li> <li>Do not force motion</li> <li>No active reaching w/ surgical arm</li> <li>No weight bearing through the involved shoulder</li> <li>Avoid inferior glides and distraction until after 12 weeks</li> <li><b><u>If Biceps Tenodesis – May initiate Biceps Loading at the start of week 9 (1 lb → 1 lb progression every 2 wks)</u></b></li> </ul>	<ul style="list-style-type: none"> <li>Progress PROM in all planes of motion to tolerance with gentle overpressure in all planes</li> <li>AAROM initiated once full PROM is achieved → Advance to AROM once full AAROM is achieved</li> <li>Week 8: Initiate Submaximal Shoulder Isometrics for ER, IR, Abduction, Flexion, Extension</li> <li>Week 8: Initiate Rhythmic stabilization <ul style="list-style-type: none"> <li>Start in balanced position (FE at 90°, IR/ER at 45°) then gradually increase force and move out of balanced position (FE 60°, 120°, 150°)</li> </ul> </li> <li>Initiate aquatic shoulder exercises (No swimming)</li> <li>Progress Core / Lower Extremity Training</li> <li>HEP – PROM, AA ROM in FE / ER (3 – 5 x / day)</li> </ul>
<b>Weeks 12 – 18</b> <b>(Months 3 – 4)</b>	<ul style="list-style-type: none"> <li>Maintain integrity of repair</li> <li>Progress scapular stabilizer strengthening</li> <li>Progress to Full AROM without compensation</li> </ul>	<ul style="list-style-type: none"> <li>Do not force motion</li> <li>Avoid RTC pain with strengthening</li> <li>No weight bearing through involved shoulder</li> <li>10 lb. lifting restriction</li> </ul>	<ul style="list-style-type: none"> <li>Advancement of Isometric to isotonic exercise per tolerance in all planes, including multiplane exercises as long as: <ul style="list-style-type: none"> <li>Isometrics are progressing</li> <li>No compensations during exercise performance</li> </ul> </li> </ul>
<b>Weeks 18 – 24</b> <b>(Months 4.5 – 6)</b>	<ul style="list-style-type: none"> <li>Address any remaining asymmetries in strength, endurance and movement</li> <li>Initiation of power development in athletes</li> <li>80% strength of involved to uninvolved side</li> </ul>	<ul style="list-style-type: none"> <li>May begin loading of the shoulder</li> <li>Avoid aggravation of the repair and pain with strengthening</li> <li>Advance strengthening once safe and painless 10 lb. lifts → 20 lbs. → Advance to WBAT</li> </ul>	<ul style="list-style-type: none"> <li>Continue with multiplane strength and initiate multiplane stretching</li> <li>Begin functional progression as needed specific to sport and work demands</li> <li>Week 20: Perform sport specific movements in Gym <ul style="list-style-type: none"> <li>If they have met strength + mobility goals</li> <li>Golf / Raquet sport / Swimming program</li> </ul> </li> </ul>
<b>Weeks 24+</b> <b>(Months 6+)</b>	<ul style="list-style-type: none"> <li>Initiate higher level impact activity progression including plyometric exercise</li> <li>Initiate a transition from sport specific gym movements to a full return to sports</li> </ul>	<ul style="list-style-type: none"> <li>Focus on form and control during exercise performance</li> <li>Strengthening to focus on reps of 8 – 10 as opposed to 1 rep max efforts</li> <li>Assess tolerance to activity during, after and at 24 hours after activity</li> </ul>	<ul style="list-style-type: none"> <li>Low level sport specific activity, progressing to higher demand activity</li> <li>Continue with shoulder + core stability per tolerance <ul style="list-style-type: none"> <li>Multiple planes and Stability in all planes of motion</li> </ul> </li> <li>Week 24: QuickDASH, FOTO, HHD / Isokinetics</li> <li>1 year follow-up: HHD Testing</li> </ul>

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.

