

Rapid Rotator Cuff Repair Rehabilitation Protocol +/- Biceps Tenodesis

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

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.

