



Standard Rotator Cuff Repair Rehabilitation Protocol +/- Biceps Tenodesis

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0 – 3	<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"> Wear shoulder immobilizer with pillow as directed x 6 weeks <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 Initial visit – FOTO PRO, QuickDASH
Weeks 3 – 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 lifting of any object on surgical side with no excessive arm motions 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) = 45° <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 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 times / 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"> Perform gentle stretching PRN 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.

