MAYO CLINIC | Orthopedics and Sports Medicine

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Complex Rotator Cuff Repair Rehabilitation Protocol +/- Biceps Tenodesis

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0 – 6	• **1st PT CONSULT by 2 Weeks** • Protect surgical site + repair with full time use of shoulder immobilizer x **6 weeks** • Decrease pain + inflammation with P.R.I.C.E principles • Minimize muscle atrophy • ***No shoulder range of motion*** • ***If Biceps Tenodesis – No Biceps Strengthening x 8 Weeks***	• Wear immobilizer with pillow except for hygiene and exercise performance • ***NO SHOULDER RANGE OF MOTION*** • No cross-body adduction, extension, or ROM 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	• ***No passive or active shoulder range of motion*** • Elbow / Wrist / Hand – Active Assisted ROM to Active ROM with the arm in plane of body • Postural education and Cervical ROM • Submaximal scapular retraction exercises with the shoulder immobilizer on • Ice / Cryotherapy – 5 - 7 x day, 40 min each session • Ultrasound / Electrical stimulation if available • Initial visit – FOTO PRO, QuickDASH • Week 3 – Core activation + cardiovascular exercise (bike) with the immobilizer on and no handlebars
Weeks 6 – 16	• Maintain integrity of repair • Initiate Passive ROM and slowly advance to AA ROM and Active ROM • Functional AROM of shoulder by week **16** • Functional scapular mechanics by week **16** • Initiate muscle activation • Improve motor control • Improve total arm strength	• Wean out of the shoulder immobilizer as tolerated • Perform gentle pain free stretching but do not force motion • **No weight bearing through the involved shoulder** • ***If Biceps Tenodesis – May initiate Biceps Loading @ week 9 (Light resistance with 1 – 2 lb. curls → 1 lb. progression every 2 weeks)***	• Week **6** – Supine PROM in all planes of motion ○ FOTO, QuickDASH • Progress Scapular mobility and retraction exercises • Week **8** – AAROM initiated once PROM achieved ○ Core / LE training with No stress to repair ○ Single plane / multi joint exercises ○ Balance / proprioception • Week **10** – Initiate Shoulder isometrics ○ AROM initiated once AAROM achieved • Week **12** – Initiate Rhythmic stabilization ○ Flexion at 100°, IR / ER at 45° in scapular plane • Continue with stationary bike up to 30 minutes
Weeks 16 – 24 **(Months 4 – 6)**	• Maintain integrity of repair • **Initiate Rotator Cuff Strengthening Exercises** • Progress scapular stabilizer strengthening • Full Active ROM compared bilaterally w/o compensation	• Continue gentle stretching PRN • Avoid RTC pain with strengthening • No weight bearing through shoulder • After full AA + AROM is obtained → Can strengthen with a **10** lb. limit → Once painless at **10** lbs. → Progress to **20** lbs. → As tolerated	• Week **16** – Continue Active Range of Motion ○ FOTO, QuickDASH • Advancement to isotonic exercise per tolerance in all planes, including multiplane exercises as long as: ○ Isometrics are progressing ○ No compensations during exercise performance
Weeks 24 + **(Months 6+)**	• Initiate return to sport progression • Initiate plyometric exercise progression • Initiate higher level impact activity and sport specific movements	• Focus on form and control during exercise performance • Strengthening to focus on reps of **8 – 10** and not 1 rep max efforts • Use of appropriate work rest intervals between sets • Assess tolerance to activity during, after and at 24 hours after activity	• Low level sport specific activity, progressing to higher demand activity • Continue with Anaerobic + Aerobic interval training • Continue with core stability per tolerance ○ Multiple planes ○ Stability in all 3 planes of motion • Plyometric activities progressing from simple to complex, less load to more load • 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.