MAYO CLINIC | Orthopedics and Sports Medicine

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Standard Rotator Cuff Repair Rehabilitation Protocol +/- Biceps Tenodesis

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0 – 3	• **1st PT CONSULT by 2 Weeks** • Protect surgical site • Decrease pain + inflammation with P.R.I.C.E principles • Minimize muscle atrophy	• Wear shoulder immobilizer with pillow as directed x **6 weeks** • ***NO ACTIVE USE OF THE OPERATIVE SHOULDER DURING THIS TIME***	• 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	• Initiate gentle, pain free, Supine Passive ROM • Maintain adequate pain control and inflammation with P.R.I.C.E principles • ***If Biceps Tenodesis – No Biceps Strengthening x 8 Weeks***	• 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	• Shoulder arm hang exercises, pendulums, retractions • Initiate ***gentle*** shoulder passive ROM with limits ○ Forward elevation = 120°, ER (Scapular plane) = 45° ○ ***If subscapularis repair – Limit ER to 30° x 6 weeks*** • 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	• Maintain integrity of repair • Initiate internal rotation ROM ○ 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"	• 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 • ***If Biceps Tenodesis – Initiate Biceps loading @ week 9 with 1 - 2 lbs. → 1 lb. progression every 2 wks.***	• 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 ○ 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)**	• Maintain integrity of repair • Progress scapular stabilizer strengthening • Progress to Full Active ROM without compensation	• Perform gentle stretching PRN • Avoid RTC pain with strengthening • **No weight bearing through involved shoulder** • **10 lb**. lifting restriction	• Advancement of Isometric to isotonic exercise per tolerance in all planes, including multiplane exercises as long as: ○ Isometrics are progressing ○ No compensations during exercise performance
Weeks 18 – 24 **(Months 4.5 – 6)**	• Address any remaining asymmetries in strength, endurance and movement • Initiation of power development in athletes • Achieve **80%** strength of involved to uninvolved side	• 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	• 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 ○ If they have met strength + mobility goals ○ Golf / Raquet sport / Swimming program
Weeks 24 + **(Months 6 +)**	• Initiate higher level impact activity progression including plyometric exercise • Initiate a transition from sport specific gym movements to a full return to sports	• 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	• Low level sport specific activity, progressing to higher demand activity • Continue with shoulder + core stability per tolerance ○ 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.