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PT Protocol - Rotator Cuff Repair with Biceps Tenodesis (Standard)

Phase I (Protection phase): Weeks 0-4

Precautions

- Patient to remain in sling for 4 weeks.
- NO pushing yourself from chair or bed with the operative arm.
- NO active motion of the shoulder, NO excessive passive stretching beyond the limits described below.
- NO resistive internal rotation, NO internal rotation behind the back, NO stretching in Abduction IR and NO ER stretching with the arm in 90 of abduction.
- NO ACTIVE ROM of elbow against resistance if biceps tenodesis is performed.
- All of initial therapist supervised passive exercises to be performed with the patient supine on their back.
- NO body blade, weights or upper body ergometer in the Phase I and initial strengthening phase.
- Young patients and females with small tears can get stiff very quickly—please focus on ROM in this subgroup.

ROM goals

- Therapist supervised passive ROM-140º FF/30º ER at side; ABD max 60-80º without rotation (ELBOW BEND).
- True supervised PROM only! The rotator cuff tendon needs to heal back into the bone first.
- Passive ER (roll towel under elbow, supine) to 30º.
- Passive FF to less than 140º.
- Pendulum hangs (ONLY IF THE PATIENT CAN DO IT PROPERLY).
- Active hand and wrist exercises.
- Scapular exercises: Scapular pinch and roll and shoulder shrug.
- No canes/pulleys until 4 weeks post-op, because these are active-assist exercise.

Phase II (Active Range of Motion phase): Weeks 5-11

Precautions

- NO lifting anything heavier than soda bottle.
- Patient has to face the pulley and NO pulleys behind the back.

- AVOID body blade, weights or upper body ergometer in this phase.

Exercises

- Discontinue sling.
- Cleared for daily use of your arm for activities of daily living (ADL).
- Use of pulleys, canes for ROM is allowed.
- Begin AAROM and advance to AROM as tolerated (internal rotation, external rotation, and scapular rotators). Start in lying down position and then advance to sitting and standing position.
- Light passive stretching at end ranges (Avoid excessive ER in abduction in subscapularis tears and excessive IR in abduction in infraspinatus tears).
- Begin scapular strengthening exercises, closed chain for deltoid, PRE's (progressive resistance exercises) for large muscle groups (pecs, lats, etc.) at 10 weeks.
- Isometrics with arm at side and light resistive therabands beginning at 10 weeks.

Phase III (Strengthening phase): Weeks 12-16

Precautions

- Patient should have full ROM, no substitution patterns and good scapulothoracic control.
- NO heavy lifting (>10 pounds).
- Patient has to face the pulley and NO pulleys behind the back.
- Lateral raises and side raises with weights should be with the bent elbow and below the shoulder level.

Exercises

- Advance to full ROM as tolerated with passive stretching at end ranges.
- Advance strengthening as tolerated: start with isometrics with bands (progress with increasing intensity) and advance to light weights (1-5 lbs) and further;
  - IR (wall push ups, IR at 90 degree, dynamic hug, diagonals with bands).
  - ER (lying, sitting supported, standing unsupported).
  - Prone scapular stabilization and extension exercises (T, Y, I, W).
  - Closed chain Deltoid.
- Begin eccentrically resisted motions, plyometrics and proprioception.

Phase IV (Advanced strengthening phase / Sports specific rehab phase): Weeks 16-24

Exercises

- Continue Phase III.
- Begin sports related rehab at 4 months, including advanced conditioning.
- Return to Golf, tennis, basketball programs initiated at 4-5 months.
- Return to throwing at 6 months.

Modalities

- Heat and Ice, Ultrasound, Iontophoresis, Phonophoresis, Therapists' discretion, TENS

Evaluation and others

- Teach home exercise program

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