

## Physical Therapy Protocol: Rotator Cuff Repair + Biceps Tenodesis

### Phase 1: Weeks 0 through 6 – Repair Protection

**Physician Goals:** Protect the rotator cuff repair and biceps tenodesis, which are at their most vulnerable during this time; decrease pain; prevent significant stiffness

**Exercises:** Active wrist and hand range of motion 3 to 5 times per day; no active elbow flexion; pendulums; supine passive elevation in the scapular plane to maximum of 130°, passive external rotation with the arm at the size to maximum of 45°; side lying scapular stabilization exercises; deltoid isometrics in neutral

**Comments:** Sling with abduction pillow is to be worn at all times except when doing PT/home exercises, including sleep. Absolutely no active shoulder motion. Driving not recommended until sling is discontinued.

**Total Visits:** 12 – Once to twice per week with daily home stretching

### Phase 2: Weeks 6 through 12 – Motion Recovery

**Physician Goals:** Continue to protect the rotator cuff repair and biceps tenodesis which are only 50% as strong at the end of 12 weeks as they will be once fully healed, regain normal passive range of motion

**Exercises:** Passive stretching in all planes until full passive motion is regained; once full PROM, then begin active assisted ROM and transition to full active ROM as tolerated; cuff isometrics with the arm at the side, upper body ergometer; continue strengthening scapular stabilizers; OK for active elbow flexion but no resistance

**Comments:** Wean from sling after 6 week follow up visit; no lifting anything heavier than a cup of coffee; return to work on a case-by-case basis, OK to drive once sling is discontinued, OK for aquatic therapy

**Total Visits:** 18 – Two to three times per week with daily home stretching

### Phase 3: Weeks 12 through 24+ – Strength Recovery

**Physician Goals:** Regain normal function of the shoulder beginning with activities of daily living and progressing to all activities without restrictions

**Exercises:** Continue passive stretching and joint mobilization as needed to regain/maintain full range of motion in all planes, progress resistance work with light hand weights or bands and progress as tolerated, increase weight/resistance when 30 repetitions are easy and painless; bicep curls and resisted supination allowed; two hand plyometrics beginning at 4.5 months postop, transition to one as tolerated

**Comments:** Cuff strength will improve gradually over the course of the first two postoperative years, goal of PT is to regain strength needed to perform all ADLs and recreational activities without pain, transition to HEP when ready; Golfers may begin putting at 3 months, chipping at 4.5 months and progress to full golf by 6 months; Light tennis/pickleball at 4.5 months; overhead throwers (baseball/football) begin throwing program at 6 months

**Total Visits:** 24 – Once or twice per week with daily home stretching; strengthening 3x per week including PT