

Physical Therapy Protocol: Revision Rotator Cuff Repair + Biceps Tenodesis

Phase 1: Weeks 0 through 6 – Repair Protection

Physician Goals: Protect the revision 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 as tolerated; no active elbow flexion but OK for well-arm assisted elbow flexion and extension; pendulums; otherwise, no passive or active motion of the shoulder

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: 1 or 2 – One or two visits to teach wrist and hand exercises, well-arm assisted elbow motion

Phase 2: Weeks 6 through 12 – Motion Recovery

Physician Goals: Continue to protect the revision 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, begin 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

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