

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

Exercises: Active wrist and hand range of motion 3 to 5 times per day; well-arm assisted elbow flexion and extension, no active elbow flexion; pendulums

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

Total Visits: 1 or 2 – To learn pendulums, well-arm assisted elbow, wrist, and hand exercises

Phase 2: Weeks 6 through 12 – Early Motion Recovery

Physician Goals: Protect the rotator cuff repair and biceps tenodesis, 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 90°, passive external rotation with the arm at the side to maximum of 30°; 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 3: Weeks 12 through 18 – Motion Recovery

Physician Goals: Continue to protect the rotator cuff repair and biceps tenodesis, 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 12 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 4: Weeks 18 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

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 6 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