



ROTATOR CUFF REPAIR
(+/- SUBSCAPULARIS REPAIR)
(+/- MINI OPEN BICEPS TENODESIS)
Physical Therapy Protocol

The intent of this protocol is to provide guidelines for your patient's therapy progression. It is not intended to serve as a recipe for treatment. We request that the PT/PTA/ATC use appropriate clinical decision-making skills when progressing a patient forward.

Please call (833) 872-4477 to obtain the operative report from our office prior to the first post-op visit. Please contact our office if there are any questions about the protocol or your patient's progression.

Please keep in mind common problems that may arise following shoulder surgery. If you encounter any of these problems please evaluate, assess, and treat as you feel appropriate, maintaining AHI precautions and guidelines at all times. Gradual progression is essential to avoid flare-ups. If a flare-up occurs, back off with therapeutic exercises until it subsides. Please use the following exercise progression timelines and precautions during your treatments.

Thank you for progressing all patients appropriately. **Successful treatment requires a team approach, and the PT/PTA/ATC is a critical part of the team! Please contact AHI at any time with your input on how to improve the therapy protocol.**

Please send therapy progress notes and renewal therapy prescription requests with the patient or by fax to (630) 323-5625. Notes by fax must be sent 3 days prior to the patient's visit to internally process this request. We appreciate your cooperation in this matter.

Please Use Appropriate Clinical Judgment During All Treatment Progressions

Begin formal physical therapy at 2 weeks after surgery, 2-3 times per week.

NOTE: Sling Immobilization with abduction pillow to be worn day and night for 6 weeks with the exception of during physical therapy and during the following exercises:

Post op day 1 - 2 Weeks postop (at home activities):

Perform Pendulum twice daily

(for biceps tenodesis, pendulum supported with opposite arm)

Passive and Active ROM of Elbow and Wrist



(for biceps tenodesis, NO Active contraction of biceps for 6 weeks. PROM of Elbow and Wrist only)

Postural Education: "Scapular Squeezes" 3x10 with 3-5 second holds 2-3 times daily.

2 Weeks postop – 6 Weeks postop:

Continue with home exercise program

Active ROM Elbow, Active ROM Wrist and Hand

(for biceps tenodesis, Passive ROM elbow only; no Active ROM until 6 weeks PO)

Joint Mobilizations: AC, SC, and Scapula: **NO GH mobilizations**

Gentle Soft Tissue Massage

Passive ROM Shoulder to restore PROM (progress as tolerated unless limits noted below):

Flexion/Abduction in scapular plane

*Within pain-free PROM; no aggressive stretch

External Rotation PROM

*For subscapularis repair: neutral ER ONLY

*For supraspinatus/infraspinatus repair: within pain-free PROM, no aggressive stretch

Internal Rotation PROM

*For subscapularis repair: within pain-free PROM, no aggressive stretch

*For supraspinatus/infraspinatus repair: neutral IR ONLY

Scapular Stabilization exercises without stressing the rotator cuff

Postural Education to minimize compensation and emphasize upper trapezius relaxation

***Avoid pulleys or self-assisted passive motion**

6 Weeks postop– 8 Weeks postop:

Discontinue use of sling

Active ROM of Elbow, Wrist and Hand

Passive ROM of shoulder:

Regain shoulder PROM in all directions to WFL; no aggressive stretching

Active Assisted ROM of shoulder:

Flexion/abduction/IR/ER progression within pain-free ROM from supine to upright

*wand/table slides/pulleys

Initiate pain free isometric contraction with arm at side for IR/ER/Abduction/Adduction

Scapular Stabilization exercises without stressing the rotator cuff

Soft Tissue Massage (shoulder complex, thoracic, cervical)

Joint Mobilizations: GH physiologic G I-II, AC, SC, and Scapula

Postural Education to minimize compensation and emphasize upper trapezius relaxation

8 Weeks postop – 10 Weeks postop:

Pain free Isometric Shoulder Flex, Abd, Ext, ER, IR, biceps

Advance periscapular and elbow strengthening exercises

Begin Closed Chain UE activities

Wall Wash with towel- horizontal, vertical and diagonals

At 8 weeks, begin gentle RC strengthening exercises: **NO FREE WEIGHT**

Prone extension/rows

Standing T-band rows (light resistance)



Dynamic T-band isometrics (IR/ER walkouts)

Postural Education to minimize compensation and emphasize upper trapezius relaxation

Continue with soft tissue manipulation and joint mobilizations from previous phases.

10 Weeks postop – 12 Weeks postop:

Active Warm-Up Shoulder: Pendulums, Active UBE

Joint Mobilizations: GH physiologic GIII-IV as needed AC, SC

Active, Active-Assist, Passive ROM Shoulder:

Flexion in the scapular plane, progressing from supine to upright

ER/IR in adduction/abduction

Horizontal abduction/adduction

(Restore Full Passive ROM Shoulder in all directions)

Gradually advance pain free RC strengthening:

Wand exercises

PNF

Continue progressing isotonic with light weight as tolerated:

Sidelying ER

Sidelying abduction to 45 degrees

Standing Scaption thumbs up

Seated Press-Up

Supine Protraction

Prone Horizontal Abduction in full ER

Prone Horizontal Abduction in full IR;

Progress to Theraband

Isokinetics: ER/IR at 30°-abd/30°-flex/30°-inclination

CKC- wall push-ups (approximately 10 weeks) adjust to various positions

Continue all exercises from previous phases as needed

Continue with manual therapy

Postural Education to minimize compensation and emphasize upper trapezius relaxation

12 Weeks postop – 16 Weeks postop:

Active Warm-Up Shoulder

Joint Mobilizations: GH physiologic GIII-IV as needed, AC, SC

Advance pain free rotator cuff strengthening at increasing angles and elevations:

Diagonal Patterns

Bent Over Row

Progress Closed Chain UE strengthening

Functional Eccentric Strengthening

Begin Sport and Occupational specific strengthening and activities (golf/tennis swings, tossing)

Rhythmic Stabilizations

OKC/CKC Perturbation training

Continue periscapular and elbow strengthening exercises

Postural Education to minimize compensation and emphasize upper trapezius relaxation



16+ Weeks postop:

Advance strengthening exercises if appropriate
Continue Sport and Occupational specific strengthening and activities including:
Plyometrics if appropriate
Transition to home stretching/strengthening program or work conditioning if appropriate

Return to Sport:

Follow up and medical clearance to return to sport from your physician.

Full throwing status at 6-8 months and successful completion of throwing program
Non-contact sport approximately 3 months
Contact sport 6 months

Note: Return to sport based on provider team input and appropriate testing. All times and exercises are to serve as guidelines. Actual progress may be faster or slower, depending on each individual patient, as agreed upon by the patient and his/her team of providers.