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## REHABILITATION PROTOCOL (INFORMATION FOR PHYSIOTHERAPISTS)

### ROTATOR CUFF REPAIR +/- BICEPS TENODESIS OR TENOTOMY

#### 1. General Guidelines

- This is a GENERAL rehabilitation protocol. Any SPECIFIC instructions that differ from this protocol should be followed. For revision surgery or larger repairs, this protocol will often be delayed.
- In general, regaining ROM is the first (and most important) priority, followed by strengthening.
- Supervised physiotherapy begins 1-2 weeks post-op and continues for 3-6 months, as necessary, depending on patient's progress, activity level and goals.
- In addition to formal physiotherapy, patients should be encouraged to exercise independently 3-5 times/day during Phases I and II and 3-5 times per week during Phases III and IV.

#### 2. General Precautions

- The sling should be worn at all times for 6 weeks, except during physiotherapy.
- **No active motion – for at least 6 weeks** (according to surgery specific precautions).
- **No resisted exercises – for at least 12 weeks** (according to surgery specific precautions).
- **No pushing, pulling, or heavy lifting for at least 12 weeks.**
- **Long term: Limit forceful, jerking movements (i.e. starting outboard motor) and limit repetitive impact loading (i.e. chopping wood).**
- Surgery Specific Precautions:
  - Supraspinatus Repair: Avoid early active or resisted **Elevation or Abduction**.
  - Infraspinatus / Teres Minor Repair: Avoid early active or resisted **External Rotation**.
  - Subscapularis Repair: Avoid early active or resisted **Internal Rotation**.
  - Biceps Tenodesis or Tenotomy: Avoid resisted **Elbow Flexion** for 6 weeks.
  - Revision Surgery: Delay entire protocol 4 weeks (i.e. NO shoulder PT until 4 weeks post-op).

#### 3. Specific Instructions

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**PHASE I: Immediate Post-Op → 2 Weeks Post-Op**

**1. Objectives**

- Protect the shoulder repair.
- Decrease post-op pain and swelling (can utilize ice/cooling device for 8-12 hours/day x 2 weeks).
- Educate patient on rehabilitation progression.

**2. Sling**

- Worn at all times, except when under the supervision of the physiotherapist and when bathing.
- Should be worn for sleeping.

**3. Therapeutic Exercises**

- Ice after exercise program x 15 min.
- Pendulum shoulder ROM exercises.
- Wrist/elbow ROM.

**PHASE II: 2 Weeks Post Op → 6 Weeks Post-Op**

**1. Objectives**

- Protect the shoulder repair.
- Increase shoulder ROM with passive and active-assisted ROM exercises.
- Begin general activities of daily living (ADL's) (i.e. feeding, bathing, and dressing).
- Return to work: light duties (desk duties).

**2. Sling**

- Worn at all times, except when under the supervision of the physiotherapist and when bathing.
- Should be worn for sleeping.

**3. Therapeutic Exercises**

- Ice after exercise program x 15 min.
- Continue pendulum shoulder ROM exercises.
- Begin passive and active-assisted ROM exercises (i.e. supine, pulleys, wall crawls, and cane exercises) - forward elevation, abduction, external rotation, internal rotation (behind back) and internal rotation in 90° abduction (**NO Forceful PROM**).
- Begin manual glenohumeral and scapular mobilization.
- Continue wrist/elbow ROM.
- General fitness – may use stationary bike.

**PHASE III: 6 Weeks Post Op → 12 Weeks Post-Op**

**1. Objectives**

- Achieve full active ROM in all planes.
- Begin cross training to maintain general fitness.
- Return to work: modified duties (avoid heavy lifting and overhead activity).

**2. Sling**

- May discontinue.

**3. Therapeutic Exercises**

- Begin active ROM and continue passive and active-assisted ROM exercises in all planes as necessary to achieve full ROM.
- Begin GENTLE isometric strengthening exercises (with surgery specific precautions):
  - Supraspinatus Repair: IR, ER (No elevation or abduction).
  - Infraspinatus/Teres Repair: IR, elevation, abduction (No ER).
  - Subscapularis Repair: ER, elevation, abduction (No IR).
- May begin aquatic shoulder therapy.
- General fitness – continue to use stationary bike.
- Begin peri-scapular muscle strengthening: postural work, scapular retraction, protraction, elevation and depression.
- Continue wrist/elbow ROM (as necessary).

**PHASE IV: 12 Weeks Post-Op → 6 months Post Op**

**1. Objectives**

- Maintain/improve shoulder ROM.
- Increase shoulder strength.
- Progressive return to sport.
- Return to work: for manual and overhead occupations.

**2. Sling**

- Already discontinued.

**3. Therapeutic Exercises**

- 3 months
  - Begin Theraband strengthening exercises for RTC, progressing to strengthening exercises with free weights for all planes. Increase repetitions before increasing weight.
  - Begin overhead activity.
  - Begin swimming to increase shoulder strength at low resistance.
  - Begin putting and chipping for golf.
- 4.5 months
  - Begin sport-specific strengthening exercises.
  - Begin low speed throwing / controlled racket sports / non-contact hockey.
  - Progress to swing with irons for golf.
- 6 months
  - Begin high speed throwing / full swing racket sports / slap shots.
  - Progress to competitive throwing / racket sports / contact sports.
  - Progress to full swings with all clubs for golf.