Rotator Cuff Repair, Subscapularis Repair with Biceps Tenodesis REHAB Protocol

GENERAL GUIDELINES

No active forward flexion or abduction for the first 6 weeks postoperatively.
No active internal rotation for the first 6 weeks postoperatively (to protect subscapularis tendon repair)
Passive ER to 0° for the first 4 weeks postoperatively, then may progress to 10° every week thereafter.
For biceps tenodesis:
No active elbow flexion for 4 weeks postoperatively, full PROM
No biceps resistance exercises for 8 weeks postoperatively.
Sling with abduction pillow at all times for 6 weeks.

PHASE I (0-6 Weeks)

Preserve rotator cuff repair integrity – verify safe rotational limits
Maintain passive ROM during entire healing period.
Diminished pain and inflammation
Prevent muscle inhibition/minimize muscle tension
Become independent with modified ADLs
Abduction brace/sling
Pendulum exercises - review proper performance
Finger, wrist AROM (for biceps tenodesis no active elbow flexion for 4 weeks)
Begin scapula musculature isometrics/sets; cervical range of motion
Begin PROM to tolerance (done supine; should be pain free)
Passive assisted abduction in scapular plane to less than 90°
Passive assisted ER and IR in abduction to tolerance and prescribed limits.
Patient education on posture, joint protection, positioning, hygiene
No shoulder AROM, lifting of objects, excessive stretching or sudden movement, supporting of any weight, lifting of body weight by hands.

PHASE II (6-12 Weeks)

Do not overstress healing tissue
Maximize PROM and AROM
No lifting overhead weights
No supporting body weight with hands and arms
No sudden jerking motions
No excessive behind the back movements
Initiate AROM exercises (flexion scapula plane, abduction, ER, IR)
Gentle scapula/glenohumeral joint mobilization as indicated to regain full PROM

PHASE III (12-16 Weeks)

Full AROM
Maintained full PROM
Dynamic shoulder stability
Gradual restoration of shoulder strength, power and endurance
Optimization neuromuscular control
Gradual return to functional activities
ER and IR with weights or theraband
ER side-lying (lateral decubitus)
Lateral raises*** - side-lying to 45° preferably
Full-can in scapular plane*** (no empty can abduction exercises)
Prone rowing
Prone horizontal abduction
Prone extension
Elbow flexion

****** Patient must be able to elevate arm without shoulder or scapular hiking before initiating isotonics; if unable, continue glenohumeral joint exercises.***