

ROTATOR CUFF REPAIR PROTOCOL WITH BICEPS TENODESIS

REHAB PROGRESSION SUMMARY

6 weeks	Immobilization: abd.pillow for 6 weeks; sling for comfort afterwards
2-6 weeks	Passive ROM (Phase I); ok to perform PROM above abd. pillow
6-10 weeks	Active-assisted ROM (Phase II)
8-12 weeks	Active ROM (Phase III)
16+ weeks	Strengthening (Phase IV)

IMMOBILIZATION

- Sling/abd. pillow is worn for 6 weeks during the day and night
- Remove sling for light activity and home exercise program as indicated by therapist
- **Any strengthening activities related to elbow flexion, supination, or forward elevation of the arm with the elbow extended should be restricted until 9 weeks following biceps tenodesis.**

PHASE I - PROM

1st post-op visit
2nd post-op visit
2-6 weeks

Goals for treatment:

- Decrease pain and swelling
- Increase nutrition and healing response
- Infection prevention

PROM:

- Begin passive ROM exercises in clinic
- Pendulum exercise without weight: clockwise, counterclockwise, side-to-side, front-back
- **PROM above abd. pillow:** ER, IR, flexion, extension, abduction
- Table slides
- Therapist: grade I, II joint mobilizations
- Scapular retractions
- Wrist/elbow exercises; grip exercises

Patient education:

- Wound inspection
- Begin active assisted ROM at 6 weeks
- No active motion for 8 weeks, all planes
- No active external rotation for 6 weeks
- Limit external rotation to neutral for 6 weeks
- Sling use as indicated by repair
- Icing 3x/day for 20 minutes

Other:

- Ice
- Modalities - PRN

PHASE II - ASSISTED-AROM**6 weeks post-op****AROM:**

- Pendulum exercises with light weight
- AAROM with cane & pullies, to patient tolerance (flexion, abduction - ER to neutral)
- Body Blade - opposite hand, straight plane
- Shoulder shrugs - light weight/high reps

Progress with:

- Wall climbing/finger ladder
- Scar mobility
- Joint mobilizations - grade I/II
- Quadruped rhythmic stabilization
- Body Blade - opposite hand diagonals with trunk rotation
- Biceps curls
- Shoulder extension with Theraband
- Shoulder shrugs
- UBE - active assist only

Other:

- Ice
- Modalities - PRN

PHASE III - AROM**8 weeks post-op****AROM:**

- Continue with Phase II A-AROM
- AAROM exercises with cane
- AROM - all planes
- UBE - forward/reverse
- Scapular retraction
- Prone extension
- Supine “holds” at 90° flexion; progress to small circles
- Side-lying “holds” at 90° abduction; progress to small circles
- Isometrics <50% effort, no pain (flexion, extension, abduction, ER)
- Biceps curls/triceps extensions with light resistances, elbow at side

Other:

- Ice
- Modalities - PRN

12 weeks post-op

Goal: Should have full PROM; **ER to _____° only**, with gentle passive stretching

AROM:

- Continue with Phase III exercises, adding weight/resistance as indicated by therapist
- Low-weight exercise (begin at 90° and increase to full ROM): flexion/extension, abduction, rows, scaption
- Wall push-ups, wall push-ups plus
- Shoulder IR/ER with low resistance
- Scapular protraction (“serratus punch”)
- Prone fly

Other:

- Ice
- Modalities - PRN

PHASE IV - STRENGTH

16+ weeks post-op

Goal: Should have full AROM; if not, begin aggressive stretching to achieve full ROM

Strength:

- Body Blade, involved extremity: one-handed grip, abduction to 90°; two-handed grip, flexion to 90°
- Kneeling push-ups, kneeling push-ups plus
- Step-ups in kneeling push-up position
- UBE with increased resistance
- StairMaster in quadruped at level 12-15
- Treadmill in quadruped at 1.0 mph
- Plyoball: circles, CW & CCW, 1 minute each direction; squares, CW & CCW, 1 minute each direction

Other:

- Ice
- Modalities – PRN

RETURN TO SPORT-SPECIFIC TRAINING

16+ weeks post-op

- Continue with Phase IV Strength, increasing reps and resistance as tolerated
- Isokinetic testing at Vanderbilt Sports Medicine as directed by physician
- Functional testing at Vanderbilt Sports Medicine as directed by physician
- Push-ups, push-ups plus
- Step-ups in push-up position
- Sport-specific exercises as directed by physician and therapist

Other:

- Ice
- Modalities – PRN