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**Post-op Rehabilitation Protocol for Arthroscopic Repair
of LARGE Rotator Cuff Tear and Biceps Tenodesis**

Large tear = 2-4 cm and/or more than 1 tendon involved

General guidelines:

PROM 0-6 weeks

AAROM 6-8 weeks

AROM 8-10 weeks

Strengthening 10-24 weeks

Phase 1 (0-6 weeks)

Goals

1. Protect repair
2. Ensure wound healing
3. Gradual increase of PROM
4. Minimize pain and inflammation
5. Patient education regarding precautions
6. PROM shoulder, wrist and elbow

Precautions

1. No shoulder AROM
 2. No lifting objects
 3. No using hand to support body weight/no leaning on elbows
 4. No aggressive PROM
 5. No sudden movements
 6. No active elbow flexion
 7. No excessive IR and behind the back motions
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8. No sleeping on involved side
9. No pushing or pulling

0-6 weeks (PROM)

Exercises/Treatment

Sling usage 24/7 except showering and exercises

Patient education including- do not raise arm or elbow actively away from body, but ok to use hand for light waist level activities, proper posture and scapula positioning

Avoid stretching into IR behind the back to prevent stretching of the supraspinatus tendon

1. Pendulums (small motions or just hang)
2. Hand gripping exercises
3. Supine shoulder elevation with contralateral hand
4. Forward bow
5. Scapular retractions
6. Elbow, wrist and hand PROM
7. PROM scaption and ER in POS to tolerance
8. Cervical AROM prn
9. Ice

Phase 2 (6-10 weeks)

Goals

1. Minimize shoulder pain
2. Full shoulder PROM by week 9
3. Begin shoulder AROM (start below shoulder level, isolated movements then more complex)
4. Begin gentle strengthening/endurance exercises
5. Begin active elbow ROM
6. Increase function
7. Patient education regarding precautions

Precautions

1. No lifting objects
 2. No using hand to support body weight
 3. No sudden movements
 4. No excessive behind the back motions
 5. No empty can position
 6. No resisted bicipital work until week 12
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6-8 weeks (AAROM)

Exercises/Treatment

Continue all 0-6 week exercises, typically out of sling between 6-8 weeks (**per surgeon**)

1. Shoulder AAROM (towel slide, pulley scaption, supine or standing ER with cane, supine or standing scaption with cane...)
2. Gentle scapulothoracic and glenohumeral mobilizations prn
3. Heat and ice prn

8-10 weeks (AROM- high reps and low resistance)

Exercises/Treatment

Continue all 0-8 week exercises

1. Begin rotator cuff sub-maximal isometrics at 0 degrees abduction
2. Begin shoulder AROM/more stretching
 - Scaption
 - Cross body adduction
 - Gentle IR behind the back
 - Extension
3. Rhythmic stabilization
4. OKC and CKC

10-12 weeks (Strengthening- very light resistance)

Exercises/Treatment

Continue all previous exercises

1. Begin strengthening
 - ER with light band or s/l
 - IR with light band
 - Scapular retractions/row/shoulder extension
 - Full canBegin gentle progressive elbow strengthening

Phase 3 (12-24 weeks)

Goals

1. Minimize shoulder pain
 2. Full shoulder AROM by week 12
 3. Maintain full shoulder PROM
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4. Gradually increase shoulder strength and endurance
5. Increase shoulder dynamic stability
6. Progress function
7. Patient education regarding precautions

Precautions

1. No lifting objects heavier than 5 lbs
2. No sudden lifting or pushing movements
3. No uncontrolled or jerking motions

12-16 weeks (Increased strengthening with increased resistance)

Exercises/Treatment

Continue all 6-10 week exercises as well as any 0-6 week exercises that are still needed

1. Strengthening with resistance bands/light weight (no shoulder hiking)
 - Biceps
 - Triceps
 - Scapular protraction
 - ER at 45 degrees POS with elbow supported
 - Lateral raises
 - T, Y, I
2. Progress CKC (ball on wall, quadruped, wall push-ups...)

16-24 weeks (Progress strengthening/function)

Phase 4 (6-12 months)

Gradually return to normal activity, exercise/sports and advanced strengthening.

Return to golf /fly fishing: 16+ weeks

Return to throwing, racquet sports, skiing and boating: 24+ weeks
