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Arthroscopic Rotator Cuff Repair with Proximal Bicep Tenodesis Protocol

Phase I: Protected range of motion (0 to 6 weeks)

- Patients may shower postop day # 2.
- Sling should be in place when not performing exercises
- Ice or cold flow systems encouraged for the first week at a minimum: should be used 3-4 times per day.
- Sling should be in place when not performing exercises.
- May start active scapular mobility exercises at 3 to 4 weeks Must keep the shoulder musculature relaxed
- Avoid movement of the arm against gravity or away from the body.
- Avoid active flexion of the elbow (biceps) for 6 weeks after surgery to protect the bicep tenodesis
- Initiate exercise program 3 times per day:
 - Immediate elbow, forearm and hand range of motion out of sling
 - Pendulum exercises
 - Supine active assist forward elevation to 90 degrees
 - Avoid all active and active assistive exercises until cleared by the surgeon. This includes pulley exercises, wand and supine assisted exercises.

Phase II: Progress ROM & Protect Repair (6 to 12 weeks)

- May discontinue sling.
- Lifting restriction of 5 pounds should be reinforced with patient.
- Start AAROM and AROM includes pulleys, wand and supine gravity assisted exercises. Emphasize all motions including IR behind the back at 10-12 weeks.
- Isolate and strengthen scapular stabilizers.
- Progress PROM and terminal capsular stretching of the shoulder as needed.
- Avoid AROM in positions of subacromial impingement.
- May start gentle rotator cuff strengthening at 8 weeks

Phase III: Return to full function (>3 months)

- Discontinue formal lifting restrictions.
- Advance rotator cuff and shoulder strengthening (Theraband, dumbbells, Hughston's exercises, etc). Include home cuff strengthening program. Continue to emphasize scapular stabilizers.
- Equate active and passive range of motion. Encourage scapulohumeral mechanics during active shoulder motion.
- Simulate work/recreational activities as rotator cuff strength and endurance improve.