SMALL TO MEDIUM SIZED ROTATOR CUFF REPAIR ± BICEPS TENODESIS
REHAB PROTOCOL AND POST-OP INSTRUCTIONS

Many different factors influence the post-operative rotator cuff repair rehabilitation outcomes. These factors include size and location of the tear, acute versus chronic condition, tear complexity, muscle atrophy, tendon quality and patient factors such as diabetes and increased BMI. Alterations made be made depending on these factors.

For Patients: Recovery overview

a. The first few days following surgery should generally be spent resting/recovering. Keep activity at a minimum during the first few days
b. Your arm may be numb for 1-3 days following surgery if you had a nerve block. It is normal to continue to experience numbness in your fingertips for several days
c **Brace**: wear for the **first 4 weeks** following surgery. Remove the brace for showering and your exercises. Use at night while sleeping.
d. Once the nerve block wears off begin your exercises (3-4x/day). These include Pendulums table slides and elbow and wrist range of motion (see the last page).
e. **Physical therapy:** Call for your first physical therapy visit **2 weeks** after surgery. You may complete your therapy at the location/facility of your choosing. Call to set up your first appointment as soon as possible.
f. **Dressing:** Cover your dressing for showering x 3 days. In 3 days you may remove the bandage. Keep any steri-strips in place. Sutures will be removed at your first post-op appointment. After the bandage is removed, you do not need to cover the incisions for showers but do not scrub or soak the incisions. Do no submerge underwater until incisions are fully healed (~3-4 weeks).
g. **Pain Medication/Ice:** Take pain medication as prescribed. Supplement pain with over the counter Tylenol, ibuprofen taking as directed on the bottle. Use Ice machine/bags of ice 20-30 minutes every 1-2 hours for the first 3-5 days
h. **Driving**: There is no conclusive data about when it is safe to return to drive. No driving while on pain medications. Return to driving is highly individualized. You may return to driving when you can take the brace on and off by yourself and feel safe to make evasive maneuvers if necessary.

For Physical Therapists:

I. REHABILITATION PROTOCOL 0-4 WEEKS POST-OP:

a. Establish 1st visit with physical therapist within 2 weeks after surgery.
b. Goals: Protect surgical repair.
c. **Brace:** Use for 4 weeks, remove for shower and exercise

d. **ROM:** Gradually increase **Passive Range of motion beginning at 2 weeks post-op** in

comfortable range. **No active ROM until 4 weeks**-post op.

e. For subscapularis repair, ER < 30
f. Pendulum exercises, Table Slides, elbow/wrist ROM 3-4x/day
g. For **biceps tenodesis**, gentle active motion of elbow is ok, no weight for elbow flexion
h. Begin gentle scapular exercises: scapular retraction, prone scap retraction, inferior glide, low row.
i. 5 lb lifting restriction

II. <u>4-6 WEEKS POST-OP:</u>

a. **Brace: May wean out of brace/sling per patient comfort. Continue to protect surgical repair. No weight bearing operative arm**
b. Table Slides/Pendulums 3-4x/day
c. **May progress to full passive motion as tolerated**
    i. Focus on forward flexion, avoid abduction
d. **Initiate gentle active assisted/active motion** within painless arc. Active FF <120
e. **Gentle passive internal rotation/external rotation with arm at the side. If subscapularis repair was performed, progress gradually.** No reach behind back
f. Wall climbs, pulleys
h. Hand/wrist motion. Grip strengthening. **Begin elbow isometrics if no biceps tenodesis was done.**
i. Begin gentle posterior capsular stretching
j. Deltoid isometrics, active assisted scapular strengthening (shrugs/retractions)
k. **Goal: Full passive forward flexion by 6-8 weeks.**
l: No lifting/pushing/pulling > 5 lbs

III. <u>6-12 WEEKS POST-OP:</u>

a. **ROM:** Advance active/active assisted motion. Advance overhead motion. Gentle passive stretch to tolerance forward flexion. Begin abduction within comfortable range.
b. **Goal: Full active forward flexion by 8-12 weeks**
c. Advance posterior capsular strengthening
d. Deltoid isotonics in plane of scapula
e. Begin biceps PRE's if had biceps tenodesis, Advance ER if subscapularis repair was done.
f. Focus on scapular stabilization
g. Initiate sub-maximal pain free isometrics 8 weeks
h. Begin isotonic rotator cuff strengthening 10 weeks
i. Upper extremity progressive resistance exercises for large muscle groups, (pec, lats)
j. Weight Restrictions: <10 lbs

IV. <u>12-16 WEEKS POST-OP:</u>

a. Advance upper extremity PRE's. Do not overstress healing tissue
b. Gradually return to normal activities of daily living

c. Begin isokinetic program
d. Progress periscapular strengthening

e. Push-up plus on knees, prone shoulder extensions, resistance band forward punch, forward punch, tripod, pointer
f. Posterior capsule stretching after warm-up
g. PRE's from for overhead athletes
h. Weight restrictions 20 lbs.

V. <u>16+ WEEKS POST-OP:</u>

a. Continue normal everyday activity, still avoiding heavy overhead lifting >25 lbs
b. Functional exercises, continue Isokinetics
c. Lightweight pull gym exercises may start

VI. <u>20+ WEEKS POST-OP:</u>

a. Isokinetic test results for the shoulder patterns should demonstrate at least 80% strength and endurance (as compared to the other side) before proceeding to sport specific activities
b. Initiate light upper body plyometrics program
c. Return to sports/unrestricted activity will vary depending on each individual and factors such as activity demand, strength, range of motion, pain, etc. Generally the earliest return to sports is between 5-6 months
d. Overhead athletes initiate throwing program 6-9 months from surgery

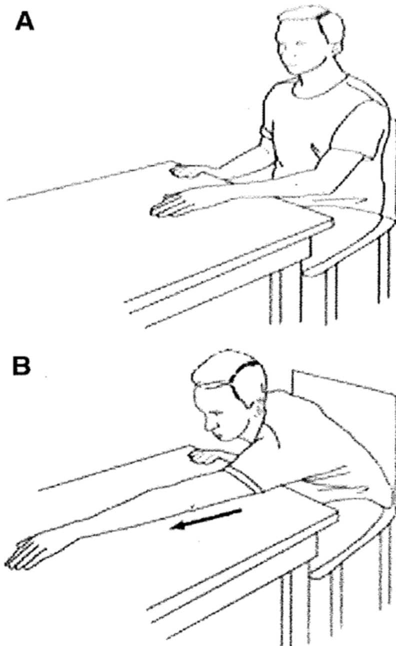

FIGURE 1. Table slide. (A) Starting position. While seated at a table, the patient places the hand of the affected shoulder on a sliding surface (e.g., a magazine that slides over a smooth table surface). (B) Ending position. The patient slides the hand forward, maintaining contact with the table, while the head and chest advance toward the table.