



**ROTATOR CUFF REPAIR**  
(+/- SUBSCAPULARIS REPAIR)  
(+/- MINI OPEN BICEPS TENODESIS)  
**Physical Therapy Protocol**

The intent of this protocol is to provide guidelines for your patient's therapy progression. It is not intended to serve as a recipe for treatment. We request that the PT/PTA/ATC use appropriate clinical decision-making skills when progressing a patient forward.

**Please call (833) 872-4477 to obtain the operative report from our office prior to the first post-op visit.** Please contact our office if there are any questions about the protocol or your patient's progression.

Please keep in mind common problems that may arise following shoulder surgery. If you encounter any of these problems please evaluate, assess, and treat as you feel appropriate, maintaining AHI precautions and guidelines at all times. Gradual progression is essential to avoid flare-ups. If a flare-up occurs, back off with therapeutic exercises until it subsides. Please use the following exercise progression timelines and precautions during your treatments.

Thank you for progressing all patients appropriately. **Successful treatment requires a team approach, and the PT/PTA/ATC is a critical part of the team! Please contact AHI at any time with your input on how to improve the therapy protocol.**

Please send therapy progress notes and renewal therapy prescription requests with the patient or by fax to (630) 323-5625. Notes by fax must be sent 3 days prior to the patient's visit to internally process this request. We appreciate your cooperation in this matter.

***Please Use Appropriate Clinical Judgment During All Treatment Progressions***

**Patient post-operative instructions for first 2 weeks:**

**PATIENT TO BEGIN AT HOME FOLLOWING SURGERY**

Sling Immobilization with abduction pillow to be worn day and night for 6 weeks with the exception of bathing and performing the following exercises:

- Perform Pendulum with sling removed twice daily  
**(for biceps tenodesis, opposite arm supported pendulums)**
- Passive ROM of elbow and wrist 20 repetitions each twice daily  
**(for biceps tenodesis, only passive elbow motion, supported by opposite arm)**
- Ball Squeezes 10 hand squeezes every waking hour

**Begin formal physical therapy at 2 weeks after surgery, 2-3 times per week.**



**Week 2 – end of week 4:**

Sling Immobilization with abduction pillow x 6 weeks PO  
Perform Pendulum with sling removed twice daily  
**(for biceps tenodesis, opposite arm supported pendulums)**  
Active ROM Elbow, Active ROM Wrist and Hand  
**(for biceps tenodesis, Passive ROM elbow only; no Active ROM until 6 weeks PO)**  
Joint Mobilizations: AC, SC, and Scapula, NO GH mobilizations  
Gentle Soft Tissue Massage  
Passive ROM Shoulder to restore ROM (progress as tolerated unless limits noted below):  
Flexion in scapular plane (for subscapularis repair, maintain 20°-30° IR)  
ER (for subscapularis repair, to neutral)  
IR to resting position (for posterior rotator cuff repair, no IR beyond neutral)  
**Avoid pulleys or self-assisted passive motion**  
Scapular Stabilization exercises without stressing the rotator cuff  
Postural Education to minimize compensation and emphasize upper trapezius relaxation

**Week 5 – end of week 6:**

Discontinue sling at 6 weeks after surgery  
Warm-Up Shoulder: Passive Pendulums, Codmans  
Active ROM Elbow, Wrist and Hand  
**(for biceps tenodesis, begin Active Assist and Active ROM)**  
Joint Mobilizations: GH physiologic G I-II, AC, SC, and Scapula  
Gentle Soft Tissue Massage  
Passive ROM Shoulder to restore Full ROM unless limits noted below:  
Flexion in scapular plane (for subscapularis repair, maintain 20°-30° IR)  
ER (for subscapularis repair to 30°)  
IR to resting position; \*\*At 6 weeks, progress IR to tolerance  
Begin AAROM at 6 weeks, flexion avoiding scapula elevation (seated pulley and/or supine wand)  
At 6 weeks, begin submax pain free isometrics: shoulder flexion with elbow straight; extension and IR  
Scapular Stabilization exercises without stressing the rotator cuff  
Postural Education to minimize compensation and emphasize upper trapezius relaxation

**Week 7 – end of week 8:**

Warm-Up Shoulder: Apply moist heat in a supported, gentle stretch position as needed,  
Pendulums, Active-Assist to Active Retro UBE  
Joint Mobilizations: GH physiologic GI-IV as needed, AC, SC  
Active-Assist, Passive ROM Shoulder:  
Flexion in scapular plane, progress from supine to upright  
ER/IR in abduction  
Pulley in pain free range all directions  
Soft Tissue Massage if needed



**Week 7 – end of week 8 (continued):**

Pain free Isometric Shoulder Flex, Abd, Ext, ER, IR, biceps  
Advance periscapular and elbow strengthening exercises  
Begin Closed Chain UE activities  
    Wall Wash with towel- horizontal, vertical and diagonals  
At 8 weeks, begin gentle RC strengthening exercises: **NO WEIGHT**  
    Prone extension  
    Prone Row  
    Prone Horizontal Abduction T position  
    Lower Trap Y position  
Begin Rhythmic Stabilization  
    Dynamic Light T-band isometrics  
Postural Education to minimize compensation and emphasize upper trapezius relaxation

**Week 9 – end of week 12:**

Active Warm-Up Shoulder: Pendulums, Active UBE  
Joint Mobilizations: GH physiologic GIII-IV as needed AC, SC  
Active, Active-Assist, Passive ROM Shoulder:  
    Flexion in the scapular plane, progressing from supine to upright  
    ER/IR in adduction/abduction  
    Horizontal abduction/adduction  
    (Restore Full Passive ROM Shoulder in all directions)  
Gentle Soft Tissue Massage if needed  
Gradually advance pain free RC strengthening:  
    Isometrics: As needed all directions  
    Wand exercises  
    PNF  
Continue progressing isotonic with light weight as tolerated:  
    Sidelying ER  
    Sidelying abduction to 45 degrees  
    Standing Scaption thumbs up  
    Seated Press-Up  
    Supine Protraction  
    Prone Horizontal Abduction in full ER  
    Prone Horizontal Abduction in full IR;  
    Progress to Theraband  
  
Isokinetics: ER/IR at 30°-abd/30°-flex/30°-inclination  
CKC- wall push-ups (approximately 10 weeks) adjust to various positions  
Continue periscapular and elbow strengthening exercises  
Postural Education to minimize compensation and emphasize upper trapezius relaxation



**Week 13 – end of week 16:**

Active Warm-Up Shoulder: Pendulums, Active UBE  
Joint Mobilizations: GH physiologic GIII-IV as needed, AC, SC  
Advance pain free rotator cuff strengthening at increasing angles and elevations:  
    Diagonal Patterns  
    Bent Row  
    Progress Closed Chain UE strengthening  
Functional Eccentric Strengthening  
Begin Sport and Occupational specific strengthening and activities (golf/tennis swings, tossing)  
Rhythmic Stabilizations  
OKC/CKC Perturbation training  
Continue periscapular and elbow strengthening exercises  
Postural Education to minimize compensation and emphasize upper trapezius relaxation

**Week 17 – end of week 20:**

Advance strengthening exercises if appropriate  
Continue Sport and Occupational specific strengthening and activities including:  
    Plyometrics if appropriate  
Transition to home stretching/strengthening program or work conditioning if appropriate

**Note:** Return to sport based on provider team input and appropriate testing. All times and exercises are to serve as guidelines. Actual progress may be faster or slower, depending on each individual patient, as agreed upon by the patient and his/her team of providers.