THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Rotator Cuff Repair (Massive or Revision) With or Without Biceps Tenodesis Postoperative protocol

Phase I - Maximum protection

Weeks 0-6:

- Sling for 6 weeks, ultra-sling with abduction pillow
- Avoid passive shoulder motion until week 4
- Avoid active shoulder motion
- Avoid loaded elbow flexion
- · Passive range of motion only
 - No motion x4 weeks
 - Progressive PROM in all directions as tolerated beginning at 4 weeks
 Avoid ER past 20 degrees if subscapularis repair

Goals

- Reduce inflammation
- o Decrease pain
- Postural education

Treatment suggestions

- Cervical range of motion and basic deep neck flexor activation (chin tucks)
- o Instruction on proper head, neck, shoulder alignment and use of immobilizer
- o Active hand and wrist range of motion
- Active shoulder retraction
- o Passive scapular mobility
- o Upper thoracic mobilization, postural exercise
- Pendulums
- o Ice and modalities to reduce pain and inflammation

Phase II – Restoring passive mobility, beginning active use of arm Weeks 6-12:

Discontinue sling

- Delay RC strengthening until 10-12 weeks
- Resume light ADLs (<2#), ensuring no heavy lifting, pushing, pulling or repetitive reaching Goals
 - o Continued protection of repaired tissue, while slowly progressing to full active range of motion
 - o Full PROM in all planes
 - No compensatory arm elevation strategies (e.g. no shoulder shrug with reaching)
 - Treatment suggestions
 - o Progress from AAROM to AROM when adequate strength and motor control is demonstrated
 - o Avoid loaded RC strengthening in overhead positions until 12-14 weeks (YTI drills, overhead lifting)
 - o Dynamic stabilization exercises with light perturbation isometrics
 - Progress to higher intensity cardio training (avoid running)
 - Begin light bicep loading between 8-12 weeks, progress slowly

Phase III – Progressive strengthening and functional training

Weeks 12-20:

Goals

- Progressive strengthening and endurance training
- Introduction of sport-specific drills (avoid participation in sport until cleared by surgeon) <u>Treatment suggestions</u>
- o Begin strengthening at or above 90 degrees with prone and/or standing YTI
- o Initiate light bench press and shoulder press (pain-free)
- o Closed chain perturbation training, plank progressions, etc.
- Push-up progression (counter height \rightarrow knee height \rightarrow floor)

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