

Dr. Allen Rotator Cuff Repair Post-Op Rehabilitation Protocol
Small/Medium Sized Tear
With Open Biceps Tenodesis*

Phase I: Protection (Weeks 0-6)

Weeks 0-2

- Dressings to remain in place until first PT session (POD #1-3)
- Sling at all times except hygiene and exercises
 - No lifting of any objects, no pushing your body up with your arms
 - No reaching behind your back or sudden jerking movements
- Wrist & hand ROM several times daily
- Cryotherapy every 15-30 minutes every 2 hours while awake
- Scheduled NSAIDs & Tylenol
- Opioids for break through pain (goal to wean by end of week 2)
- PROM: Do not push PROM through pain
 - Pendulums, wands, & pulleys
 - ER to 20° (scapular plane)
 - IR to 20° (scapular plane)
 - Forward flexion to 90°
- No AAROM/AROM
- No active elbow motion (flexion/supination against resistance)*
- Periscapular isometrics

Weeks 2-4

- First post-op visit at 2 weeks, sutures will be removed at this visit



- Sling at all times except hygiene and exercises
- Elbow, wrist, & hand ROM several times daily
- Cryotherapy as needed
- Scheduled NSAIDs & Tylenol
- PROM:
 - Forward flexion: 0-130°
 - External rotation in scapular plane: 0-45° (30° if Subscapularis repair)
 - Internal rotation in scapular plane: 0-30°
- Do not push PROM through pain
- No AAROM/AROM
- Scapular retractions, periscapular strengthening, scapular mobilization
- No active elbow motion (flexion/supination against resistance)*

Weeks 4-6

- Sling at all times except hygiene and exercises (Remove pillow per MD)
- Elbow, wrist, hand ROM several times daily
- PROM:
 - Forward flexion: 0-160°
 - External rotation in scapular plane: 0-60° (30° if Subscapularis repair)
 - Internal rotation in scapular plane: 0-45°
 - IR/ER in 90° abduction: 0-30°
 - No ER @ 90° x6 weeks if Subscapularis repair
- Initiate gentle end range stretching (pain free)
- Advance periscapular stabilization, scapular retractions, shrugs



-Can begin active elbow flexion (no strengthening until week 8)*

Phase II: Motion (Weeks 6-12)

Weeks 6-9

- Second post-op visit at 6 weeks
- Begin/continue to wean from sling
- Continue to advance motion in all planes (Begin AAROM & AROM)
 - Maintain Full PROM
 - AAROM to tolerance (FF, ER/IR in scapular plane & 90° abduction)
- Continue elbow active motion, begin biceps strengthening at week 8*
- Continue shoulder and periscapular strengthening (neutral rows)
- Initiate submaximal isometric rotator cuff strengthening (pain free)
 - FF, Abd, IR, ER, Ext
 - No IR strengthening until 9 weeks if Subscapularis repair

Weeks 9-12

- Goal for full active motion by 12 weeks
- Initiate RTC Isotonics
 - Light Theraband ER @ side
 - Prone rows/horizontal abduction
- Stretching in all planes
- Initiate proprioception and rhythmic stabilization
- Continue shoulder and periscapular strengthening (Ys/Ts/Ws)

Phase III: Strengthening (Weeks 12-20)

- Third post-op visit at 12 weeks
- Four quadrant stretching as needed
- PNF manual resistance exercises
- Advance Theraband exercises
 - Begin/Advance “Throwers Ten” exercises
- Initiate plyometric exercises (2→1 handed as tolerated @ 14 weeks)
- Initiate light sport @ 16 weeks (swimming, golf half swings, light ball toss)
- Maintain all motion

Phase IV: Sport Specific Training (Weeks 20-28)

- Fourth post-op visit at ~24 weeks (6 months)
- Advance sport/work/functional activity
- Initiate gentle return to throwing program @ 20 weeks
- Cleared for weight room @ 22 weeks
- Progress golf (half swings → full swings → irons → woods)

Phase V: Sport Competition (Weeks 28+)

- Progress throwing/batting program
- Return to full sport participation around 7-8 months
- Improvement in pain, function, strength continues for 12-15 months
- Final follow up 1 year post-op