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MASSIVE ROTATOR CUFF REPAIR REHABILITATION PROTOCOL

PATIENT NAME:

DATE OF SURGERY:

BODY PART/SIDE:

☐ Biceps Tenodesis

☐ Biceps Tenotomy

RECOMMENDATIONS:

- 1 Frequency: 2-3 times per week
- 2 Follow this protocol without substitution
- 3 Contact my office with any questions

IMPORTANT ITEMS:

- 1 Patient **MUST** regain **FULL PASSIVE** forward elevation by **8 WEEKS POST-OP**
- 2 **NO** isolated biceps activation for **8 WEEKS POST-OP** if arthroscopic biceps tenodesis was also performed
- 3 **NO** strengthening until **12 WEEKS POST-OP**
- 4 **SLING** to be worn at all times [including when sleeping] for **6 WEEKS POST-OP**; Can be removed for hygiene and exercises **ONLY**

PHASE I PRECAUTIONS

- ☐ **NO** lifting or carrying of objects
- ☐ **DO NOT** actively raise arm or elbow away from body

PHASE I [0-2 WEEKS]	
ROM	STRENGTH
Initiate pendulums	Posterior capsule mobilizations
PROM elbow, wrist, & hand ONLY	
AVOID excessive stretching [including anterior capsule and extension]	Scapular Retractions
AVOID supporting of body weight by hands	

GOALS TO PROGRESS TO PHASE II

- ☐ Pain and inflammation controlled
- ☐ Ensure wound healing
- ☐ Protect Repair

PHASE II PRECAUTIONS

- ☐ Continue Phase I Precautions

PHASE II [2-4 WEEKS]	
ROM	STRENGTH
Continue phase I ROM	Continue phase I exercises

Begin SUPINE shoulder PROM [limit 120° FE, 20° ER]	Begin scapular clock exercises
	Progress posterior capsule mobilizations

GOALS TO PROGRESS TO PHASE III

- ☐ Pain and inflammation controlled
- ☐ Progress tolerance to PROM
- ☐ Protect Repair

PHASE III PRECAUTIONS

- ☐ Continue Phase I Precautions

PHASE III [4-8 WEEKS]	
ROM	STRENGTH
Progress shoulder PROM in all planes	Continue phase II exercises
Begin shoulder IR & pectoralis minor flexibility	Begin seated wand exercises
Begin wall slide stretching	Progress scapular and glenohumeral joint mobilizations
	Begin submaximal isometrics [flexion, abduction, extension]

GOALS TO PROGRESS TO PHASE IV

- ☐ **FULL PASSIVE ROM** in all planes
- ☐ Posture is normalized
- ☐ Discontinue sling at **8 WEEKS POST-OP**

PHASE IV [8-10 WEEKS]	
ROM	STRENGTH
Maintain FULL PASSIVE ROM	Progress phase III exercises
Initiate AAROM exercises	Begin UBE light resistance [90-100 RPM]
	Begin proprioception exercises
	Begin UE swiss ball mobility exercises [IR/ER]

GOALS TO PROGRESS TO PHASE V

- ☐ **FULL AAROM ROM** in all planes
- ☐ Independent dressing ADL's

PHASE V [WEEK 10]	
ROM	STRENGTH
Progress AAROM in all planes	Progress phase IV exercises
Initiate AROM in all planes	Begin closed-chain UE activities

GOALS TO PROGRESS TO PHASE VI

- ☐ Full passive and active-assisted ROM in all planes

PHASE VI [WEEK 11]	
ROM	STRENGTH
Progress phase V ROM	Begin light TheraBand exercises
	Begin prone exercise program [no weight]
	Begin supine rhythmic stabilizations

GOALS TO PROGRESS TO PHASE VII

- ☐ **FULL ACTIVE ROM** in all planes

PHASE VII [12-16 WEEKS]	
ROM	STRENGTH
Continue stretching progression [no limits]	Advance phase VI exercises
	Begin generalized UE weight training [Limit 5lbs]
	Initiate TheraBand strengthening
	Increase UBE to moderate resistance [75-85 RPM]
	ER and Latissimus eccentric exercises
	Initiate weight training with shoulder in adduction [rows, biceps, triceps]

GOALS TO PROGRESS TO PHASE VIII

- ☐ Full, painless ROM in all planes
- ☐ Progress functional strength

PHASE VIII [4-6 MONTHS]	
ROM	STRENGTH
Full, unrestricted ROM in all planes	Advance phase VII exercises
	Maximize functional strength
	Aggressive scapular stabilization and eccentric strengthening
	Scapular perturbations
	Begin plyometric and throwing/racquet program
	Progress endurance activities

RETURN TO SPORT CRITERIA

- ☐ Requires clearance from **SURGEON**
- ☐ **FULL, PAINFREE** shoulder function **WITHOUT** signs of instability
- ☐ Sport-specific training/practice once shoulder is at 90% of uninvolved side
- ☐ **NO** throwing or overhead athletic moves until **4 MONTHS POST-OP**
- ☐ **FULL** return to contact sports **ANTICIPATED** at **6-8 MONTHS**