

MASSIVE ROTATOR CUFF REPAIR WITH SUBSCAPULARIS REPAIR AND BICEPS TENODESIS

Post-Operative Physical Therapy Protocol



SCAN FOR THE
ONLINE VERSION



Stanford
MEDICINE

Dear Colleague,

I appreciate your partnership in the rehabilitation of this very special patient of ours. I have instructed the patient that you will be using this protocol. My belief is that the biggest predictor of success is what the patient does at home and consistently. **They should view you not just as a therapist but as a highly educated and skilled teacher** and the patient *must* be an active participant in the rehab process.

To facilitate this, I have included a copy of the rehab protocols I would like the patient to focus on at each time point in the rehab process. Please assist me by encouraging and teaching our mutual patient their home exercises as well.

With your help and the active participation of our patient, I know we can have another fantastic shoulder.

Please do not hesitate to reach out directly to me and my team with any questions at any time.

Respectfully,



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	WEEKS 1-12: PROM ONLY	AFTER 12 WEEKS: AAROM → AROM	GOAL
Forward elevation	PROM <i>Max 90°, scapular plane</i>	AAROM → AROM <i>Increase as tolerated</i>	Full ROM <i>As tolerated</i>
External rotation	PROM <i>Max 0°, 30° from week 6</i>	AAROM → AROM <i>Increase as tolerated</i>	Full ROM <i>As tolerated</i>
Abduction	No stretching <i>In abduction</i>	AAROM → AROM <i>Increase as tolerated</i>	Full ROM <i>As tolerated</i>
Internal rotation	No IR <i>Behind the back</i>	AAROM → AROM <i>Increase as tolerated</i>	Full ROM <i>As tolerated</i>

SUMMARY

Sling	6 weeks at all times, except for personal grooming.
Canes and pulleys	After 12 weeks.
Elbow	No active elbow flexion or supination until 4 weeks. PROM and AAROM of the elbow from 0 to 4 weeks.
Resisted strengthening	No strengthening until 3 months. No overhead strengthening until 22 weeks.
Return to activity	Activity- and sport-specific rehabilitation from 4½ months. Golf progression from 6 months. No full return to sport before 6 to 8 months; sport-level return is cleared individually by Dr. Tummala.

As tolerated means pain during exercise no more than 2/10 above baseline. Avoid pushing into pain.

DAYS 0–7

- Home exercises given after surgery: pendulums, ROM of the elbow, wrist, and hand, and grip strengthening.
- No active elbow flexion or supination.
- Sling at all times for 6 weeks, except for personal grooming.

WEEKS 1–12

- **True PROM only.** The rotator cuff tendon is healing back to the bone.
- Pendulums.
- Passive external rotation limit 0° (supine, towel roll under the elbow).
- Can increase to a 30° limit beginning at week 6.
- Passive forward elevation limit 90° (supine, elbow bent at 90°, in the scapular plane).
- No active elbow flexion or supination until 4 weeks.
- PROM and AAROM of the elbow from 0 to 4 weeks. Maintain only PROM of the shoulder.
- Table slides at 14 days: hand resting on the table, torso leaning forward, pain free.
- Minimal to no pain during or after exercises, although fatigue is OK.
- **Avoid:** no pulleys; no internal rotation behind the back; no external rotation stretching with the arm in 90° of abduction; no stretching in abduction.
- **No strengthening until 3 months!**

MONTHS 3–12

- Address posterior capsular tightness at 3 months if indicated.
- Begin AAROM at 12 weeks. Advance to AROM as tolerated.
- Light passive stretching at end ranges.
- Begin scapular exercises and passive resistance exercise for large muscle groups (pectorals, latissimus).
- Isometrics with the arm at the side.
- Advance to full ROM as tolerated with passive stretching at end ranges.
- Advance strengthening as tolerated: isometrics, then bands, then light weights (1 to 5 lb).
- 2 to 3 sets of 8 to 12 for the rotator cuff, deltoid, and scapular stabilizers.
- Strengthen only 3 times a week to avoid rotator cuff tendinitis.
- No overhead strengthening until 22 weeks.
- Begin eccentrically resisted motions, plyometrics (weighted ball toss), and proprioception (body blade).
- Begin activity- and sport-specific rehabilitation at 4½ months, including advancing conditioning. No full return to sport before 6 to 8 months.
- Golf progression may begin at 6 months.
- Return to sport-level activity is cleared individually by Dr. Tummala.
- Maximum medical improvement is usually reached at 12 months and beyond.

CRITERIA TO DISCHARGE FROM THERAPY

- Full active ROM compared with the uninvolved side.
- Pain-free activities of daily living.
- Rotator cuff strength above 80% of the uninvolved side by handheld dynamometer.

WEEK-BY-WEEK PROGRESSION

EXERCISE	1	2	3	4 (1 mo)	5	6	7	8 (2 mo)	9	10	12 (3 mo)	16	20	24 (6 mo)
Initial Exercises														
Active ROM: wrist and hand														
Passive and assisted elbow ROM only														
Active elbow ROM														
Pendulums														
Grip strengthening														
True passive ROM only														
Table slides														
Maintain sling														
Advanced Exercises														
Canes and pulleys														
Begin assisted active ROM, advance to active ROM														
Light passive stretching at end ranges														
Scapular exercises														
Upper body ergometer														
Isometrics with the arm at the side														
Resisted strengthening: bands, then light weights														
Eccentrics, plyometrics, proprioception														
Activity and sport-specific rehabilitation														
Cardiovascular Exercises														
Bike														
Elliptical trainer														
Stair stepper														
Rowing														
Agility Exercises														
Running progression														
Functional sports test														
High-Level Activities														
Golf progression														
Return to sport cleared individually by Dr. Tummala														

Weeks 1 to 12 are true passive range of motion only. External rotation 0° until week 6, then up to 30°. No active elbow flexion or supination until week 4. Assisted and active motion, canes and pulleys, and strengthening begin after 12 weeks. No overhead strengthening until week 22.

This protocol is a general guideline and does not replace the clinical judgment of the treating therapist and surgeon. Please contact our office with any questions.