

Dr. Franky Davis
Sterling Center Orthopedics and Sports Medicine
Physical Therapy
Rotator Cuff Repair – Large
With Biceps Tenodesis
Post Operative Protocol

Phase I – Maximum Protection (Week 0 to 6):

- › Abduction pillow
- › Ice and modalities to reduce pain and inflammation
- › Active hand and wrist range of motion
- › Passive elbow range of motion x 6 weeks
- › Active shoulder retraction
- › Passive range of motion (Gradual Progression)
 - Full flexion and external rotation
 - Avoid internal rotation until 6 weeks post-operative

Phase II – Progressive Stretching and Active Motion (Weeks 6 to 10):

- › Patient may be in ultra-sling for an additional two weeks
- › End range of motion stretching as tolerated all planes
- › Active range of motion shoulder and elbow
- › Scapular strengthening
- › Submaximal rotator cuff isometrics at 8-10 weeks as tolerated
- › Biceps and triceps strengthening at 8 weeks
- › Proprioception drills emphasizing neuromuscular control

Phase III – Strengthening Phase (Weeks 10 to 12)

- › Resisted rotator cuff and scapular stabilization program
- › Proprioception and neuromuscular control drills

Phase IV – Advanced Strengthening and Plyometric Drills (Week 12 to 20):

- › Continue with end range stretching
- › Gym strengthening program as tolerated
- › Progressive closed kinetic chain program as tolerated
- › Initiate plyometric ball drills

Phase V – Interval sports program (Weeks 20 to 24):

- › Follow-up examination with the physician for medical release
- › Range of motion and MMT

