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Harbin Clinic Orthopaedic Surgery 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

