

**COMPREHENSIVE PHYSICAL THERAPY**

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### Sports Medicine/Foot & Ankle

### Rotator Cuff Repair (Massive or Revision) With or Without Biceps Tenodesis Post-Operative Protocol

#### Phase I – Maximum Protection

##### **Weeks 0 to 6:**

- Sling for 6 weeks, ultra-sling with abduction pillow
- Avoid passive shoulder motion until week 4
- Avoid active shoulder motion
- Avoid loaded elbow flexion
- **Passive range of motion only**
  - No motion x4 weeks
  - Progressive PROM in all directions as tolerated beginning at 4 weeks
    - Avoid ER past 20 degrees if subscapularis repair

##### Goals

- Reduce inflammation
- Decrease pain
- Postural education

##### Treatment suggestions

- Cervical range of motion and basic deep neck flexor activation (chin tucks).
- Instruction on proper head, neck, and shoulder alignment and use of immobilizer
- Active hand and wrist range of motion.
- Active shoulder retraction
- Passive scapular mobility
- Upper thoracic mobilization
- Pendulums
- Ice and modalities to reduce pain and inflammation

#### Phase II – Restoring mobility, function, and active range of motion

##### **Weeks 6 to 12:**

- Discontinue sling
- Delay RC strengthening until 10-12 weeks
- Resume light ADLs (<2 lb), ensuring no heavy lifting, pushing, pulling or repetitive reaching

##### Goals

- Continued protection of repaired tissue, while slowly progressing to full active range of motion
- Full PROM in all planes
- No compensatory arm elevation strategies (e.g. no shoulder shrug with reaching)

##### Treatment suggestions

- Progress from AAROM to AROM when adequate strength and motor control
- Avoid loaded RC strengthening in overhead positions until 12-14 weeks (YTI drills, overhead lifting)
- Dynamic stabilization exercises with light perturbation isometrics
- Progress to higher intensity cardio training (avoid running)
- Begin light bicep loading between 8-12 weeks, progress slowly

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#### Phase III – Advanced strengthening and proprioception

##### **Weeks 12 to 20:**

##### Goals

- Progressive strengthening and endurance training
- Introduction of sport-specific drills (avoid participation in sport until cleared by surgeon)

##### Treatment suggestions

- Begin strengthening at or above 90 degrees with prone and/or standing YTI
- Initiate light bench press and shoulder press (pain-free)
- Closed chain perturbation training, plank progressions, etc.
- Push-up progression (counter height → knee height → floor)

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