

Rotator Cuff Repair with Biceps Tenodesis:

The intent of this protocol is to provide the therapist with guidelines of the post-operative rehabilitation course after a rotator cuff repair with biceps tenodesis. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.

INDIVIDUAL CONSIDERATIONS:

Precautions for biceps tenodesis x 2 weeks postop. No active flexion/extension of the elbow

Phase I (Weeks 0-4)**Goals**

- Control inflammation and pain
- Use cryocuff 3-4 times per day

Sling

- Wear continuously for 4 weeks

Therapeutic Exercises

- Pendulum exercises
- Painless PROM in all planes
- No active ROM

Phase II (Weeks 4-6)**Criteria**

- Pain-free passive forward flexion to 120 degrees, passive external rotation to 45 degrees at the side and in 90 degrees of abduction, passive internal rotation to buttock

Goals

- Full, painless PROM

Sling

- Wear continuously for 4 weeks
- Use for comfort only from 4-6 weeks

Therapeutic Exercises

- Continue to progress with PROM in all planes
- Elbow and wrist ROM exercises
- Gentle scapular/glenohumeral joint mobilization to regain full PROM

Phase III (Weeks 6 -8)

Criteria

- Full passive ROM

Goals

- Progress with AAROM

Therapeutic Exercise

- Active assisted ROM flexion in the supine position
- Aqua therapy to progress with AAROM
- May use heat prior to exercises
- Always ice after therapy session

Phase IV (Weeks 8-12)

Criteria

- Full painless PROM
- Full AAROM in forward flexion in the supine position

Goals

- Full AROM in all planes
- Maintain full PROM
- Optimize neuromuscular control

Therapeutic Exercises

- Initiate AROM in all planes
- Light strengthening with <5 pounds of weight in all planes

Phase V (Months 3+)**Criteria**

- Full, painless PROM and AROM in all planes
- Able to tolerate progression to low-level functional activities

Goals

- Maintain full PROM and AROM
- Progress with strengthening
- Return to sports at 5-6 months

Therapeutic Exercises

- Continue gentle stretching and PROM as needed
- Initiate strengthening program only after patient can elevate arm in the scapular plane without shoulder or scapular hiking
- External /Internal rotation with sport tubing (Theraband)
- Full can in scapular plane (**avoid empty can at all times)
- Advance proprioceptive and neuromuscular activities

Return to Sports

- May return to sports that require overhead activity at 5-6 months when ROM is symmetric and painless and strength is 90% of contra-lateral side