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Trans-osseous Cuff Repair with Biceps Tenodesis Protocol:

Postop Rehab All-Arthroscopic Small to Large Rotator Cuff Tear (TER) Repair with Ax / Open Biceps Tenodesis: The patient underwent a biceps tenodesis and an all-arthroscopic Trans-osseous Equivalent Rotator Cuff Tear repair or derivative thereof and therefore may benefit from an accelerated rehab program as outlined below. The following guidelines should be followed with the noted precautions b/c the Subscapularis was repaired as well: 1) External rotation initially to only 0 degrees, followed by up to 30 degrees by 6 weeks, and 45 degrees by 12 weeks.

Stage I (Maximum Protection 1-3 weeks from the date of surgery)

- Wear sling at all times except to bath and do PROM exercises
- PROM: Pendulums and table slides
- Progress to full passive ROM at 3 weeks
- Cervical muscular stretching and ROM
- Ipsilateral forearm, wrist, and hand ROM active assist and active
- Active assist elbow flexion only is allowed for the first 4 weeks
- Modalities to control pain as indicated

Stage II (Max Minus Protection 3-6 weeks from the date of surgery)

- Wear sling at all times except to bath and do ROM exercises
- PROM: Pendulums and table slides
- Cervical muscular stretching and ROM
- AROM of the elbow in pronation, supination, flexion and extension with passive stretching at the end ranges to maintain flexibility is allowed starting at 4wks
- Modalities to control pain as indicated Scar and wound management
- Formal PT initiated and begin AAROM of the affected shoulder

Stage III (Moderate Protection 6-10 weeks from the date of surgery)

- D/C sling
- Initiate pain free progression of AAROM to AROM exercise within ROM guidelines
- Active-Assistive ROM: flexion to tolerance, ER/IR to tolerance (shoulder 90 degrees abduction)
- Progress to full Active-Assistive ROM
- Begin AROM

- Scar care and soft tissue mobilization
- Modalities as necessary

Stage IV (Minimum Protection 10-16 weeks from the date of surgery)

- Begin scapular exercises without transfer of resistance through the upper extremity
- Begin submaximal isometrics for shoulder musculature at week 10 (be cautious about location of the RCR)
- Progress scapular exercises with resistance through UE
- Progress isotonic strengthening of rotator cuff musculature to tolerance
- Continue proximal scapular strengthening progression
- For the biceps tenodesis begin elbow strengthening starting with isometrics and then advancing to weights

Stage V (Return to Activity 16-24 weeks from the date of surgery)

- Continue shoulder girdle and rotator cuff strengthening program progressing to independence
- Progress to more advanced shoulder strengthening
- Initiate sport specific activities as tolerated and return to sport/work program