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Rotator Cuff Repair/Biceps Tenodesis

Postop Protocol

Phase 1: Immediate Postoperative (0–6 weeks)

Goals: Protect repair and tenodesis, control pain/swelling, prevent stiffness in distal joints.

- **Immobilization:** Sling with abduction pillow 6 weeks
- **Weight Bearing:** No lifting, pushing, pulling with operative arm.
- **ROM:**
 - Passive ROM (PROM) only for shoulder:
 - Flexion $\leq 90^\circ$
 - External rotation $\leq 20^\circ$ (neutral abduction)
 - Pendulum exercises daily.
 - Active ROM for elbow/wrist/hand; avoid resisted elbow flexion/supination for 6 weeks to protect tenodesis site.
- **Exercises:**
 - Grip strengthening.
 - Scapular retraction without shoulder movement.
 - Cervical ROM and postural work.
- **Precautions:** No active shoulder motion, no combined abduction with external rotation, no resisted biceps activity.

Phase 2: Early Rehabilitation (6–10 weeks)

Goals: Gradually restore passive and initiate active-assisted ROM while protecting healing tissues.

- **Sling:** Discontinue after week 6 when cleared.
- **ROM:**
 - Progress PROM to full in all planes by week 8–10.
 - Begin active-assisted ROM (AAROM) using pulleys, cane, or therapist-guided movement.
- **Exercises:**
 - Continue scapular stabilization.
 - Gentle isometric rotator cuff and deltoid activation in neutral.
 - Avoid positions that stress repair (e.g., behind-the-back reaching).
- **Precautions:** Still avoid resisted elbow flexion/supination until ≥ 8 weeks.

Phase 3: Intermediate Rehabilitation (10–16 weeks)

Goals: Restore active ROM, initiate light strengthening.

- **ROM:** Achieve full, pain-free AROM in all planes.
- **Strengthening:**
 - Begin light resistance bands and weights (1–2 lb) for rotator cuff and scapular stabilizers.
 - Initiate resisted elbow flexion/supination at low loads to begin biceps strengthening.
- **Exercises:**
 - Closed-chain upper extremity activities (wall slides, weight shifts).
 - Rhythmic stabilization drills.
- **Precautions:** No heavy lifting (>5–7 lb) or overhead loading yet.

Phase 4: Advanced Strengthening (16–24 weeks)

Goals: Improve endurance, strength, and dynamic shoulder stability for functional tasks.

- **Strengthening:**
 - Progress resistance bands and dumbbells.
 - Add plyometric and sport-specific drills (two-hand to single-hand progressions).
 - Overhead strengthening introduced gradually.
- **Functional Training:**
 - Push-up progressions (wall → table → floor).
 - Controlled overhead lifts with low load.
- **Precautions:** Avoid maximal-effort heavy lifting until cleared.

Phase 5: Return to Sport/Work (6–9+ months)

Goals: Achieve full pain-free ROM, strength $\geq 90\%$ of contralateral side, and sport-specific readiness.

- **Criteria for Return:**
 - No pain or swelling with activity.
 - Strength and endurance testing $\geq 90\%$ symmetry.
 - Successful completion of sport-specific or work-simulation drills.
 - Surgeon clearance.
- **Exercises:** Unrestricted strengthening, plyometrics, and functional activities.

Key Evidence Notes:

- Delayed active motion reduces retear risk for large/massive repairs (Keener et al., 2020).
- Early passive ROM reduces postoperative stiffness without increasing failure rates in small/medium tears (Chan et al., 2022).
- Biceps tenodesis requires avoidance of resisted elbow flexion/supination for ~6 weeks to allow tendon-to-bone healing (Frost et al., 2019).