Arthroscopic Rotator Cuff Repair and Biceps Tenodesis

Name: _____ DOB: _____ DOS: _____

Dr. Michael G. Rizzo, MD DX: _____

● = Do exercise for that week

	Week													
	Phase I: Maximal Protection Passive Range of Motion (PROM)	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**13**	**17**	**21**	**25**
PROM	**Date:**														
Restrictions	Cervical ROM Exercises	●	●	●	●	●									
FE: see chart	Elbow/Hand/Wrist ROM	●	●	●	●	●									
ABD: see chart	Ball Squeeze	●	●	●	●	●									
ER: see chart	Ankle Pumps	●	●	●	●	●									
IR: see chart	Scapular Retraction/Depression	●	●	●	●	●									
	Pendulums	●	●	●	●	●									
Begin Full PROM	Aquatherapy for AAROM				●	●									
Week 5	**Passive ROM**														
Begin AAROM	External Rotation	45°		60°		●	●	●	●	●	●	Continue PROM as needed			
Week 4	Forward Elevation & Scaption	90°		150°		●	●	●	●	●	●				
Begin AROM	Abduction	90°		120°		●	●	●	●	●	●				
Week 5	Internal Rotation	30°		45°		●	●	●	●	●	●				
	Phase II: Minimal Protection Active Range of Motion (AROM)	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**13**	**17**	**21**	**25**
Sling	**Active Assist ROM**														
x 4 weeks, then wean x 1 week, out after 5 weeks	Internal/External Rotation				●	●	●	●	●						
	Flexion/Abduction				●	●	●	●	●						
	Isometrics														
T.E.D. Hose	External/Internal Rotation			●	●	●	●	●	●						
x 5 days	Flexion/Extension/Abduction			●	●	●	●	●	●						
	Active ROM														
Timelines	Bench Press Series					●	●	●	●	●	●	●			
Week 1 (POD 1-7)	Modified Military Press						●	●	●	●	●	●			
Week 2 (POD 8-14)	Sidelying External Rotation					●	●	●	●	●	●	●			
Week 3 (POD 15-21)	Salutes					●	●	●	●	●	●	●			
Week 4 (POD 22-28)	Full Can						●	●	●	●	●	●			
	Prone Row Progression					●	●	●	●	●	●	●			
	Prone ER@90°									●	●	●			
	Prone Ys									●	●	●			
Precautions	Prone Lift off									●	●	●			
No Resisted Elbow Flexion	Open Chain Proprioception					●	●	●	●	●	●	●			
X 3 weeks	**Low Load Prolonged Stretches**														
then 10 lb limit wks 3-6	Door Jam Series									●	●	●	●	●	●
	Towel Internal Rotation									●	●	●	●	●	●
	Cross Arm Stretch									●	●	●	●	●	●
	Sleeper Stretch									●	●	●	●	●	●
	TV Watching Stretch									●	●	●	●	●	●
	90/90 External Rotation Stretch									●	●	●	●	●	●
	Activities of Daily Living	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**13**	**17**	**21**	**25**
	Eating/Drinking	Use Uninvolved Arm Only				●	●	●	●						
	Dressing					●	●	●	●						
	Washing/Showering					●	●	●	●						
	Computer with supported arm	●	●	●	●	●	●	●	●						
	Driving		●	●	●	●	●	●	●	●	●	●			
	Lifting up to 10 lbs.					●	●	●	●	●	●	●			
	Overhead Activity						●	●	●	●	●	●			
	Lifting greater than 10 lbs.							●	●	●	●	●			

The intent of this protocol is to provide guidelines for progression of rehab. It is by no means intended to serve as a substitute for clinical decision making. Progression through each phase of rehab is based on clinical criteria and time frames as appropriate It is important that each phase of rehab is mastered prior to initiating the next phase to insure proper healing of repaired tissues.

	Week													
Phase III: Initial Resistance Strengthening & Proprioception	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**13**	**17**	**21**	**25**
External Rotation									•	•	•	•	•	•
Internal Rotation									•	•	•	•	•	•
Double Arm External Rotation									•	•	•	•	•	•
Full Can									•	•	•	•	•	•
Forward Punch w/plus									•	•	•	•	•	•
Rows									•	•	•	•	•	•
Bicep Curl									•	•	•	•	•	•
Triceps Extension									•	•	•	•	•	•
Lat Pulldown									•	•	•	•	•	•
Initial Closed Chain Stability										•	•	•	•	•
Phase IV: Advanced Resistance Strengthening & Proprioception	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**13**	**17**	**21**	**25**
Bear Hugs											•	•	•	•
External Rotation at 45°											•	•	•	•
External Rotation at 90°											•	•	•	•
Rhythmic Stabilization/NM Control											•	•	•	•
Advanced Closed Chain Stability											•	•	•	•
Plyometrics												•	•	•
Decelerations												•	•	•
Phase IV: Return to Sports	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**13**	**17**	**21**	**25**
CRITERIA FOR RETURN TO FULL ACTIVITY **FUNCTIONAL PAINFREE ACTIVE RANGE OF MOTION, MAXIMIZED STRENGTH, PROPER SCAPULOTHORACIC MECHANICS**														
Golf, Hike, Bike, Ski												•	•	•
Overhead and Serving Sports (swim, throw, tennis, volleyball)													•	•
Contact Sports (football, hockey, lacrosse)														•
					Therapist:									