

**Rotator Cuff Repair (Massive or Revision) with or  
without Biceps Tenodesis  
Post-Operative Protocol**

**Phase I – Maximum protection**

**Weeks 0-6:**

- 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, shoulder alignment and use of immobilizer
- Active hand and wrist range of motion
- Active shoulder retraction
- Passive scapular mobility
- Upper thoracic mobilization, postural exercise
- Pendulums
- Ice and modalities to reduce pain and inflammation

**Phase II – Restoring passive mobility, beginning active use of arm**

**Weeks 6-12:**

- Discontinue sling
- Delay RC strengthening until 10-12 weeks
- Resume light ADLs (<2#), 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 is demonstrated
- 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

**Phase III – Progressive strengthening and functional training**

**Weeks 12-20:**

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)