Immediate Post-op Instructions (Week 0-1):
- Use ice or cryocuff as much as possible for first 2 days, then as needed for pain.
- Change dressing to light gauze or band-aids for first 3 days, then leave open to air. Do not remove steri-strips.
- You may shower on post-op day #3.
- Sleeping in a propped or partially reclined position is often more comfortable, as this keeps the shoulder elevated.
- First post-op check is 10-14 days for suture removal.
- Call for temperature > 102\(^o\), excessive swelling, pain or redness around wounds.

Phase I (Week 1):
- Take arm out of sling or cryocuff and move elbow, wrist and hand at least 4 times per day.
- Keep shoulder and upper arm at your side to protect the repair.
- Dangling exercises or pendulum motions are allowed.
- Shoulder brace is worn full time except for therapy for 4-6 weeks depending on the size of the tear.

Phase II (Weeks 2-4):
- Modalities to decrease pain and swelling as needed, soft tissue mobilization, and postural education.
- Continue active elbow, wrist, and hand motion.
- IF NO SUBSCAPULARIS REPAIR: Begin formal passive shoulder ROM with maximum forward flexion 120\(^o\), extension 20\(^o\), abduction 60\(^o\), external rotation 45\(^o\), and internal rotation 70\(^o\) (not behind back).
- IF SUBSCAPULARIS REPAIR: Begin formal passive shoulder ROM with maximum forward flexion 120\(^o\), extension 20\(^o\), abduction 60\(^o\), external rotation 10\(^o\), and internal rotation 70\(^o\) (not behind back).
- Scapular exercises – elevation with shrugs, depression, retraction and protration with manual resistance.
- No active abduction or external rotation allowed.
- **If biceps tenodesis, no biceps strengthening (resistance) until Week 8.**
- Discontinue brace at 4 weeks.

Phase III (Weeks 5-6):
- Brace will be discontinued at 4-6 weeks per doctor’s instruction.
- Begin GENTLE active assisted range of motion in addition to continued passive motion.
- **MUST HAVE FULL PASSIVE ROM BY WEEK 6-7, UNLESS PATIENT HAD SUBSCAP REPAIR; IF SUBSCAP REPAIR, ADVANCE EXTERNAL ROTATION TO 30 DEGREES BY WEEK 6.**
- Continue closed chain exercises for scapular stabilization.
Phase IV (Weeks 6-8):
- Brace will be discontinued at 4-6 weeks per doctor’s instruction.
- Begin GENTLE active assisted range of motion, MUST HAVE FULL PASSIVE ROM BY WEEK 6-7, UNLESS PATIENT HAD SUBSCAP REPAIR; IF SUBSCAP REPAIR, ADVANCE EXTERNAL ROTATION TO 60 DEGREES BY WEEK 8.
- Continue closed chain exercises for scapular stabilization.
- May begin upper body ergometer in Weeks 7-8.
- Scapular Stabilization exercises - elevation with shoulder shrugs; retraction with prone rows in prone position, arm at 90°, elbow locked, squeeze scapulas together while pulling heavy weight; protraction using supine, 2” punch, with arm flexed to 90° elbow locked with weight in hand push up from scapula using heaviest tolerable weight.

Phase V (Weeks 8-12):
- Begin strengthening program with theraband, with focus on internal rotation to strengthen subscapularis and external rotation to strengthen infraspinatus.

**If biceps tenodesis, may now begin gentle biceps strengthening.**
- Continue passive and assisted range of motion to maximum.
- Advance to pulleys and light weights by week 10.
- Standing isotonic exercises for Rotator Cuff strengthening: add light weights. When patient is able to fully elevate arm in flexion and abduction using 6-8lbs, move patient to Core Rotator Cuff exercises.
- Scapular ex’s continue as above; add depression with seated press-ups: sitting with hands flat on the floor next to hips & elbows locked, raise bottom off floor with movement from scapulae; use hand blocks for greater ROM when able.
- At 10 weeks post-op, begin Core Rotator Cuff exercises – advance weight as tolerated to 8-10lbs at 5-6 sets of 15-20 reps.
  - prone flexion with thumb up – arm perpendicular to floor while prone, flex forward fully at 12 o’clock position.
  - prone abduction 100° with thumb up – arm perpendicular to floor while prone, horizontally abduct to level of body in scapular plane, 2 o’clock position for right shoulder patient, 10 o’clock position for left shoulder.
  - prone abduction 45° with thumb up – arm perpendicular to floor while prone, horizontally abduct arm to level of body, 4 o’clock position for right shoulder, 8 o’clock position for left shoulder.
  - prone extension with arm in max ER – arm perpendicular to floor while prone, arm extended to level of body at 6 o’clock position.

Phase VI (Weeks 12-) if needed:
- Sports specific hardening.
- Isokinetic exercises in IR and ER with 180, 150, 120, 90, and 60°/sec, 15 reps each speed up and down spectrum, in modified neutral or 30-45° abduction, also in scapular plane.
- Add manual resistance as tolerated to proprioception exercises.
- Begin conventional weight lifting with machine weights and progress to free weight if desired.
- Full ROM isokinetics in 30-45° abduction and scapular plane.
- Plyometrics with rebounder, medicine ball chest passes etc.; no simulated throwing.
- Begin eccentric exercises for posterior cuff using manual resistance in sidelying ER or tubing simulating throwing follow through.

**Frequency: 2-3x per week**

**Duration: 16-20 weeks**

**Special instructions:**

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