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Physiotherapy protocol: Rotator Cuff Repair, ASD & LHB tenodesis

Weeks 0-6:

- Patients to do Home Exercises given post-op
- Wrist ROM, grip strengthening scapular setting exercises
- Patient to remain in sling for 6 weeks
- True shoulder PROM only! The rotator cuff tendon needs to heal back into the bone
- Shoulder ROM goals: 100° FE, 0° ER at side; ABD max 60-80° without rotation
- No resisted motion of shoulder until 12 weeks post-op
- No canes/pulleys until 6 weeks post-op, because these are active-assisted exercises
- PROM → AAROM of elbow flexion with gravity assisted extension with 30° block to extension. No resistance work so that the biceps tendon has time to heal into new insertion site on humerus without being stressed
- Heat before Physio, ice / cryocuff after Physio

Weeks 6-12:

- Discard sling
- Begin AAROM as tolerated
- Goals: re-establish full range of shoulder movement with 160 FE, 30 ER increasing as tolerated
- Light passive stretching at end ranges and encourage full elbow movement
- At 8 weeks, can begin isometric strengthening to unaffected muscle groups

Months 3-12:

- Advance to full AROM as tolerated with passive stretching at end ranges
- Advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilisers
- Be careful not to overdue strengthening to avoid rotator cuff tendonitis (3x/week)
- Begin eccentrically resisted movement and exercises as able

Comments: