



Indiana University Health

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Rotator Cuff Repair and Superior Capsule Reconstruction (SCR) +/- Biceps Tenodesis

(Updated 9/2025)

General Post Op Instructions

Wound Care	<ul style="list-style-type: none"> ✓ Dressings can be removed 2 days after surgery, or they can be removed by the physical therapist ✓ If desired, incisions may be covered with simple dressings (such as a band-aid)
Swelling	→ Swelling and bruising are to be expected after a surgical procedure
Ice	<ul style="list-style-type: none"> ✓ Ice 20 minutes on 20 minutes off, several times a day to help with swelling ✓ Do not place ice or cold packs directly onto the skin
Showering	<ul style="list-style-type: none"> → Do not soak incisions in water until after stitches are removed → You may begin to shower 2 days after surgery after dressings are removed <ul style="list-style-type: none"> ○ Allow soapy water to run over the incision but do not scrub ○ Dry the incisions, apply band-aids if needed → Sling may be removed for hygiene
Driving	<ul style="list-style-type: none"> ✓ Dr. Call does not release people to drive at a specific date or week post op ✓ It is unlawful to drive under the influence of opioid (strong pain) medications ✓ Must be able to safely apply the brakes before returning to drive ✓ Driving in a brace/sling/boot is not recommended

Weight Bearing Restrictions and Brace Use

	Small or Medium Repair	Large (Massive) or Revision Repair	SCR
Week 1-2	<ul style="list-style-type: none"> ✓ Sling day and night (can be removed for hygiene, PT, and elbow ROM) ✓ NWB 	<ul style="list-style-type: none"> ✓ Sling day and night (can be removed for hygiene, PT, and elbow ROM) ✓ NWB 	<ul style="list-style-type: none"> ✓ Sling day and night (can be removed for hygiene, PT, and elbow/wrist/hand ROM) ✓ NWB
Weeks 3-4	<ul style="list-style-type: none"> ✓ Sling during the day ✓ Can DC sling at night ✓ NWB 	<ul style="list-style-type: none"> ✓ Sling day and night ✓ NWB 	<ul style="list-style-type: none"> ✓ Sling day and night ✓ NWB
Weeks 5	<ul style="list-style-type: none"> ✓ DC sling ✓ Progress weight bearing 	<ul style="list-style-type: none"> ✓ Sling during the day ✓ Can DC sling at night ✓ NWB 	<ul style="list-style-type: none"> ✓ Sling day and night ✓ NWB
Week 6			✓ Sling during the day
Week 7+		<ul style="list-style-type: none"> ✓ DC sling ✓ Progress weight bearing 	<ul style="list-style-type: none"> ✓ Can DC sling at night ✓ NWB until week 8



Immediate Post Operative Phase (up to week 4)

Overall Goals	<ul style="list-style-type: none"> ✓ Protect the anatomic repair ✓ Prevent negative effects of immobilization ✓ Promote dynamic stability and scapular stabilization ✓ Diminish pain and inflammation
Cautions	<ul style="list-style-type: none"> → If biceps tenodesis was performed: no active or resisted biceps work until end of week 4 → If biceps tenotomy was performed: no active or resisted biceps work until end of week 2 → No active shoulder ROM → If subscapularis repair was performed only allow ER in 45 degrees abduction for 4 weeks → SCR: <ul style="list-style-type: none"> ○ Begin formal PT at week 6 (essentially start this protocol at week 6 post op) ○ Only ROM of the elbow/forearm/wrist/hand allowed for 6 weeks
Range of Motion	<ul style="list-style-type: none"> ✓ Cervical ROM, lateral flexion ✓ Week 1 Passive Motion: <ul style="list-style-type: none"> ○ Flexion and scaption up to 125°, NOT stretching ○ ER to tolerance in 45 & 60 degrees of abduction in scapular plane (towel roll under arm) ○ IR in 45 degrees of abduction in scapular plane – Gentle PROM ○ Limit ROM to 45° unless patient has a history of a stiff shoulder ✓ Week 2 Passive Motion: <ul style="list-style-type: none"> ○ Flexion and scaption to up to 145° ○ ER in 45 & 60° abduction in the scapular plane to 55° ○ IR in 45° abduction in the scapular plane to 55° ✓ Week 3 and 4 Passive Motion: <ul style="list-style-type: none"> ○ Flexion and scaption to tolerance ○ ER to tolerance in 45 to 90° abduction with arm on towel roll (less stress on supraspinatus in 45 to 90 degrees than at 0 degrees of abduction) up to 75-80° ○ IR to tolerance in 45° - 60° abduction, scapular plane (arm on towel roll or wedge) to 60°
Therapeutic Suggestions	<ul style="list-style-type: none"> → Shoulder shrugs/squeezes → Elbow/hand ROM and gripping exercises → <u>Codman's exercises</u> – may perform with the elbow bent, hand touching shoulder, patient uses opposite upper extremity with contact at involved elbow to passively raise, lower and perform circles with involved arm → Submaximal isometrics for shoulder musculature → Rhythmic stabilization ER/IR with arm supported on a towel roll → Weeks 3 and 4 <ul style="list-style-type: none"> ○ Theraband/dumbbell bicep/tricep with arm at the side ○ Table top exercises ○ Wall push up plus exercise (serratus – elbows stay straight) ○ Low row/lower trap table press isometric



- Active punches (arm raised 90° by therapist, then punches (protraction & retraction), then therapist lowers arm)
- Active assistive ER in sidely (with assist of therapist) – towel between arm and body
- Sidely ER with towel roll between arm and body to active
- Prone extension, row by the side

Progression	✓ Tolerating ROM
Ready to	
Next Phase	<i>If not all goals are met, patient may progress to the next phase with intervention plan in place to address deficiencies</i>

Intermediate Rehabilitation Phase (Weeks 5 – 8)

Overall	✓ Gradually restore full ROM and capsular mobility
Goals	✓ Restore muscular strength and balance, normalize scapulohumeral rhythm
	✓ Preserve the integrity of the surgical repair

Cautions	→ Patient must be able to elevate the arm without shoulder or scapular hiking. If unable – continue scapular and stabilizing exercises
	→ Follow sling restrictions

Range of	✓ Continue PROM – continue ER stretching in 45 to 90°, progress IR stretching to 60-90 degrees as tolerated on a towel roll
Motion	✓ Add cross body stretching

Therapeutic	→ Add modalities as indicated (ultrasound, dry needling, etc)
Suggestions	→ Grade 1 / 2 joint mobilizations
	→ UBE for ROM only (slowly, no resistance)
	→ Add AAROM with pulleys, cane, etc
	→ Wall washes: incorporate squat with scapular retraction, to overhead arm with protraction as knees/hips extend
	→ Lawnmower exercises: start with trunk flexion, arms extended across body, then come to upright, scapular retraction, slight ER
	→ ER/IR exercises with towel roll between arm and body with dumbbell/theraband
	→ Week 6:
	○ Prone scapular exercises: horizontal abduction palm down, flexion at 135 degree angle
	○ Theraband rows and extension to the plane of the body
	→ Lower trapezius theraband bilateral ER with scapular retraction (hold 20° ER and pull scapula down and back) – towel roll between arm and body bilaterally
	→ Progress push up plus exercise – scapula motion only, keep elbows straight

Progression	✓ Good scapulohumeral rhythm
Ready to	✓ Muscular strength good grade or better (4/5 or better)
Next Phase	✓ Minimal pain or tenderness



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Advance Strengthening Phase (Weeks 9 – 12)

Overall Goals	✓ Establish and maintain full functional ROM and capsular mobility ✓ Improve muscular strength, power and endurance ✓ Initiate functional activities
Cautions	→ Avoid heavy lifting
Range of Motion	✓ As tolerated ✓ Continue PROM until full ROM achieved
Therapeutic Suggestions	→ Grade 2 / 3 joint mobilizations → Bodyblade 90° flexion, scaption, ER/IR at 0°, Impulse ER/IR at 0° → Progress standing flexion, scaption D2 ROM as tolerated to 160° without hiking, abduction to 90° - progress to resistance → ER/IR with tubing at 90° abduction. May place upper arm on a bolster for support if unable to hold arm in 90/90 position – work to unsupported as tolerated → Seated press up → Start weight training with anterior shoulder protection techniques → Begin manuals once at least 3 pounds can be lifted throughout the ROM <ul style="list-style-type: none"> ○ supine D2, sidely ER, prone horizontal abduction palm down, thumb up, thumb down, flexion at 145°, row → Isokinetics scapular plane (180, 240, 300°/second) → Initiate plyometric program – start 2 handed and progress to 1 handed <ul style="list-style-type: none"> ○ 2 handed: chest, rotation, woodchop, forward and backward toss (simulate forehand/backhand swing) for tennis, overhead ○ 1 handed: semicircle and 90/90 wall dribble, ER flip, kneeling D2, theraband ER/IR plyometrics
Progression Ready to Next Phase	✓ Full or near full ROM ✓ Tolerating exercises

Late Rehabilitation and Strengthening Phase (Week 13 – 24)

Overall Goals	✓ Progress rotator cuff strengthening ✓ Focus on return to occupation/sport
Cautions	→ Larger tears and SCR will lag in strength
Range of Motion	✓ As tolerated
Therapeutic Suggestions	→ Continue previous exercises → D2/D3 and diagonals with theraband → Bicep curls



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- Weighted plyometrics
 - Other modalities per the physical therapist

Return to Work	✓ Can return to heavy labor once patient has achieved full strength
	✓ 3+ months for work below the shoulder horizontal that is not heavy
	✓ 6 months for overhead work that does not involve heavy weighted tools or objects
