Formal physical therapy will usually start 4-5 weeks following surgery.

In general, patients are instructed that the first month is to allow healing, the second month is for stretching and the third/fourth months are for strengthening.

**Phase 1 - Immediate Post-Surgical Phase - Weeks 0-2**

**Goals:**
- Maintain/protect integrity of the repair
- Gradually increase Passive ROM (PROM)
- Control and reduce pain and inflammation
- Prevent muscular inhibition

**Precautions:**
- Maintain arm in sling, remove only for exercises and bathing
- Wear sling at night for sleeping
- May lift small items (phone, book, plate…) with arm in sling
- No excessive shoulder extension or motion behind back
- No excessive stretching or sudden movements
- No supporting of body weight by hands
- Keep incision clean and dry

**Days 1-14:**
- Wear sling during day and night
- Elbow, wrist ROM, and hand gripping exercises
Pendulums - the arm should dangle and the muscles must be completely relaxed. Move the arm by rocking the body forward/back, side to side, or in a circle; NOT by moving the arm. Cryotherapy and E-stim PRN for pain and inflammation

**Phase II - Protection Phase - Weeks 2-6**

**Goals:**
Allow healing of soft tissue  
Do not over stress repair  
Gradually restore full PROM (week 4-5)  
Decrease pain and inflammation

**Precautions:**
May lift small items (phone, book, plate…) with arm in sling  
No excessive shoulder extension or behind the back movements  
No sudden jerking movements  
BICEPS TENODESIS: no resisted elbow flexion/forearm supination for 6 weeks  
No supporting of body weight by hands

**Weeks 2-4:**
Start physical therapy  
Continue use of sling, D/C abduction pillow as pain allows at week 3  
Passive ROM (PROM)  
  - Flexion to at least 140°  
  - ER in scapular plane to 20°-25°, progressing to ER at 90° of abduction to at least 45°  
  - IR in scapular plane to 30°-35°, progressing to IR at 90° of abduction to at least 45°  
Active assistive ROM (AAROM) exercise (L-bar or cane)  
  - ER/IR in scapular plane, progressing to 90° of abduction  
  - Flexion to tolerance (therapist provides assistance by supporting UE, especially with lowering)  
Continue elbow, wrist ROM, and hand gripping exercises  
Pendulums  
Initiate isometrics of non-involved tendons (submaximal and painfree)  
  - Flexion with elbow flexed to 90°  
  - Extension with elbow flexed to 90°  
  - Abduction with elbow flexed to 90°  
  - External rotation at neutral  
  - Internal rotation at neutral  
Initiate dynamic stabilization exercises  
  - Rhythmic stabilization ER/IR at 45° of abduction  
  - Flexion/extension at 100° of flexion  
Continue cryotherapy and E-stim PRN for pain and inflammation

**Weeks 4-5:**
Patient should exhibit full PROM by week 4-5  
Continue all exercises listed above
Initiate manual resistance ER in scapular plane (supine)
Initiate prone rows and extension
Initiate isotonic elbow flexion (if no biceps tenodesis)
Initiate scapular stabilization exercises (serratus punches, scap squeezes, wall serratus push, seated push up)
Continue cryotherapy and E-stim PRN
May use heat prior to ROM exercises

** Weeks 5-6:**
Continue AAROM and stretching exercise, especially for motions that are not full
   Shoulder flexion
   ER at 90° of abduction
Initiate Active ROM (AROM)
   Shoulder flexion in scapular plane
   Shoulder abduction
Initiate ER/IR with tubing (use towel roll)
Initiate prone horizontal abduction at 90° with palm down, gradually progressing to 120° with thumb up

**Phase III - Intermediate Phase - Weeks 6-14**

**Goals:**
Full AROM (weeks 8-10)
Maintain full PROM
Gradually restore shoulder strength
Gradual return to functional activities

**Weeks 6-10:**
Continue AAROM, PROM, and stretching (as needed to maintain full ROM)
Continue dynamic stabilization exercises
Progress rotator cuff and scapular strengthening program
   ER/IR tubing
   ER sidelying
   Lateral raises - patient must be able to elevate UE without shoulder or scapular hiking before initiating isotonics
   Full can in scapular plane
   Prone rows, horizontal abduction, extension, scaption
   Elbow flexion/extension
If physician permits, may initiate light functional activities at week 8

**Weeks 10-14:**
Continue all exercises listed above
Progress strengthening program
Therapist may initiate isotonic resistance (1 lb) during flexion and abduction
   ** If non-painful normal motion is exhibited
   Progress strengthening program (1 lb/10 days non-painful)
**Phase IV - Advanced Strengthening Phase - Weeks 14-22**

Goals:
- Maintain full non-painful ROM
- Increase muscular strength and power
- Gradual return to functional activities

**Weeks 14-22:**
- Continue ROM and stretching to maintain full ROM
- Self-capsular stretching
- Progress shoulder strengthening exercises
- Initiate interval golf program (if appropriate) - week 15
- Initiate interval tennis program (if appropriate) - week 20
- May initiate swimming

**Phase V - Return to Activity Phase - Weeks 22-36**

Goals:
- Gradual return to higher level work activities
- Gradual return to recreational sport activities

**Weeks 23-36:**
- Continue shoulder strengthening exercises (at least 4 times weekly)
- Continue stretching, if motion is restricted
- Continue progression to sport participation