



INOVA[®]

Sports Medicine

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Physical Therapy Protocol Following Isolated Shoulder Biceps Tenodesis

Sling: 2-3 Weeks (Not required for sleep)

Post-Op Week 0-4:

Goals:

1. Minimize swelling and pain
2. Achieve gradual restoration of PROM
3. Enhance scapular function

Exercises:

1. PROM of elbow flexion and extension, forearm supination and pronation
2. AROM of wrist and hand
3. PROM of shoulder in all planes to tolerance
4. Ball squeezes
5. Scapular retraction and clock exercises for mobility then progress to scapular isometrics

Criteria before Phase 2: Full PROM of shoulder and elbow, completion of Phase 1 without pain or difficulty

Post-Op Weeks 4-6:

Goals:

1. Minimize shoulder pain and inflammation
2. Achieve gradual restoration of AROM

Exercises:

1. No lifting with affected upper extremity
2. Progress shoulder PROM to AAROM and AROM in all planes as tolerated
3. Active elbow flexion & extension, forearm supination & pronation (NO resistance)
4. Glenohumeral, scapulothoracic and trunk joint mobs as indicated when ROM is significantly less than expected. Mobs should be done in directions of limited motion and only until adequate ROM is achieved
5. Begin incorporating posterior capsular stretching as indicated
 - *Cross body adduction stretch
 - *Side lying internal rotation stretch (sleeper stretch)

Criteria before Phase 3: Full AROM of shoulder and elbow, appropriate scapular posture at rest and dynamic scapular control with ROM and functional activities, completion of Phase 2 without pain or difficulty

Post-Op Weeks 6-10:

Goals:

1. Normalize strength, endurance, neuromuscular control

Exercises:

1. No strengthening or functional exercises in a given plane until the patient has near full ROM and strength in that plane of movement

2. Continue AROM/PROM of shoulder and elbow PRN

3. Initiate biceps curls with light resistance, progressing as tolerated

4. Initiate resisted supination and pronation

5. Begin rhythmic stabilization drills

* External and internal rotation in the scapular plane

* Flexion/extension and abduction/adduction with various angles of elevation

6. Initiate balanced strengthening program

* Initially in low dynamic positions

* Gain muscular endurance with high repetition of 30-50, low resistance (1-3 lbs)

* Nearly full elevation in scapular plane (should be achieved before elevation in other planes)

* All activities shoulder be pain free and without compensatory/substitution patterns

* Exercises should consist of both open and closed chain activities

* No heavy lifting should be performed

* Initiate full can scapular plane raises with good mechanics

* Initiate ER strengthening using exercise tubing at 30⁰ of abduction (towel roll)

* Initiate side lying ER with towel roll

* Initiate manual resistance ER supine in scapular plane (light resistance)

* Initiate prone rowing at 30/45/90⁰ of abduction to neutral arm position

* Begin subscapularis strengthening to focus on both upper and lower segment

* Push-up plus (wall, counter, knees on floor, floor)

* Cross body diagonals with resistive tubing

* IR resistive band (0/45/90⁰ of abduction)

* Forward punch

Criteria before Phase 4: Completion of Phase 3 without pain or difficulty

Post-Op Weeks 10+:

Goals:

1. Continue stretching and PROM PRN
2. Maintain full, non-painful AROM
3. Return to full strenuous work activities
4. Return to full recreational activities

Exercises:

1. Avoid excessive anterior capsule stretch
2. With weight lifting, avoid military press and wide grip bench press
3. Continue all exercises listed above:
* Progress isotonic strengthening if patient demonstrates no compensatory strategies, is not painful and has no residual soreness
4. Strengthening overhead if ROM and strength below 90⁰ elevation
5. Continue shoulder stretching and strengthening at least 4 times per week
6. Progressive return to UE muscles (deltoids, lats, pectoralis major)
* Start with relatively light weight and high repetitions (15-25)

Criteria for release to sport(s):

- 1. Adequate ROM, strength and endurance of rotator cuff and scapular musculature**
- 2. No complaints of pain**