

## **Physical Therapy Protocol and Prescription**

S/P R/L Shoulder Biceps Tenodesis

Week 1-4

### **Phase I – Passive Range of Motion Phase**

Goals:

- Minimize shoulder pain and inflammatory response
- Achieve gradual restoration of passive range of motion (PROM)
- Enhance/ensure adequate scapular function

Precautions/Patient Education:

- No active flexion of the elbow
- No excessive external rotation range of motion (ROM) / stretching. Stop when you feel the first end feel.
- Use of a sling to minimize activity of biceps
- No lifting of objects with operative shoulder
- Keep incisions clean and dry
- No friction massage to the proximal biceps tendon / tenodesis site
- Patient education regarding limited use of upper extremity despite the potential lack of or minimal pain or other symptoms

Activity:

- **NO DRIVING**
- Shoulder pendulums
- PROM elbow flexion/extension and forearm supination/pronation
- AROM wrist/hand
- Begin shoulder PROM all planes to tolerance /do not force any painful motion
- Scapular retraction and clock exercises for scapula mobility progressed to scapular isometric exercises
- Ball squeezes
- Sleep with sling as needed supporting operative shoulder, place a towel under the elbow to prevent shoulder hyperextension
- Frequent cryotherapy for pain and inflammation
- Patient education regarding postural awareness, joint protection, positioning, hygiene, etc.
- May return to computer based work

## **Milestones to progress to phase II:**

- Appropriate healing of the surgical incision
- Full PROM of shoulder and elbow
- Completion of phase I activities without pain or difficulty
- Sling immobilization
- Active elbow extension, passive extension (without gravity)
- Shoulder range of motion (supine)
- Hand/wrist/finger range of motion and strengthening

Week 4-6

Goals:

- Minimize shoulder pain and inflammatory response
- Achieve gradual restoration of AROM
- Begin light waist level functional activities
- Wean out of sling by the end of the 3-4 postoperative week
- Return to light computer work

Precautions:

- No lifting with affected upper extremity
- No friction massage to the proximal biceps tendon / tenodesis site

Activity:

- Begin gentle scar massage and use of scar pad for anterior axillary incision
- Progress shoulder PROM to active assisted range of motion (AAROM) and AROM all planes to tolerance
- Lawn chair progression for shoulder
- Active elbow flexion/extension and forearm supination/pronation (No resistance)
- Glenohumeral, scapulothoracic, and trunk joint mobilizations as indicated (Grade I - IV) when ROM is significantly less than expected. Mobilizations should be done in directions of limited motion and only until adequate ROM is gained.
- Begin incorporating posterior capsular stretching as indicated
- Cross body adduction stretch
- Side lying internal rotation stretch (sleeper stretch)
- Continued Cryotherapy for pain and inflammation
- Continued patient education: posture, joint protection, positioning, hygiene, etc.

### **Milestones to progress to phase III:**

- Restore full AROM of shoulder and elbow
- Appropriate scapular posture at rest and dynamic scapular control with ROM and functional activities
- Completion of phase II activities without pain or difficulty

### **Phase III - Strengthening Phase (starts approximately post op week 6-8)**

#### Goals:

- Normalize strength, endurance, neuromuscular control
- Return to chest level full functional activities

#### Precautions:

- Do not perform strengthening or functional activities in a given plane until the patient has near full ROM and strength in that plane of movement

-The Office of Beth E Shubin Stein, MD