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

Sabrina Strickland, MD
Hospital for Special Surgery
535 East 70th Street
New York, NY  10021