



Orthopaedic Associates of Zanesville
Sports Medicine Division Physical Therapy Protocols
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Rehabilitation Guidelines for Shoulder Arthroscopy, Open/Arthroscopic Biceps Tenodesis

The intent of this protocol is to provide the clinician with a general guideline of the post-operative course of the patient that has undergone the above stated procedure. It is by no means intended to substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of possible post-operative complications. If a clinician requires assistance in the progression, please contact the referring surgeon's office.

0-4 Weeks:

- Sling for Comfort, may discontinue after 4 weeks
- Passive to Active shoulder ROM as tolerated
 - 140° Forward Flexion
 - 40° External Rotation with arm at side
 - Internal rotation behind back with gentle posterior capsule stretching
 - No rotation with arm in abduction until 4 wks
- With distal clavicle excision, hold cross body adduction until 8wks.
- Grip Strength, Elbow/Wrist/Hand ROM, Codmans
- Avoid Abduction and 90/90 ER until 8wks
- No resistive elbow flexion until 8 wks

4-8 Weeks:

- Discontinue Sling
- Advance ROM as tolerated (Goals FF to 160°, ER to 60°)
- Begin Isometric exercises
- Progress deltoid isometrics
- ER/IR (submaximal) at neutral
- Advance to theraband as tolerated
- No resisted elbow flexion until 8 wks

8-12 Weeks:

- Advance to full, painless ROM
- Continue strengthening as tolerated
- Begin eccentrically resisted motion and closed chain activities
- Strengthening 3x/wk to avoid rotator cuff tendonitis