

SAD/ DCR WITH INTACT ROTATOR CUFF POST-OP REHABILITATION PROTOCOL SAMIR M. PATEL, MD

*NOTE: If Biceps Tenodesis is completed, limit lifting to less than a can of soda x6 wks with NO resistive elbow flexion x6 wks.

0-2 Weeks

POD #3 - Sling Discharged (even if Bicep Tenodesis is completed) Initiate shoulder PROM - forward elevation, scaption, ER, & IR Pendulum exercises AROM of elbow, wrist, forearm and hand with elbow at side Active scapular exercises (shrugs and retraction) Grade I and II glenohumeral and scapulothoracic joint mobilization for pain control Modalities PRN Scar management following staple removal

3-4 Weeks

Continue above stretches Initiate PROM - internal rotation, cross body adduction, and extension Initiate AAROM for forward elevation and ER - progress to AROM as able Grade II and III glenohumeral/scapulothoracic joint mobilizations Modalities PRN

5-6 Weeks

Continue PROM all planes Shoulder AAROM and AROM all planes Scapular strengthening Initiate theraband strengthening for shoulder IR, ER and extension as tolerated Modalities PRN No bicep strengthening until 6 weeks if bicep tenodesis performed

7-12 Weeks

Continue above stretches and strengthening Initiate rotator cuff and deltoid strengthening Initiate bicep strengthening if bicep tenodesis was performed Bodyblade/plyometrics Appropriate variable reistance and gentle free weight resistance exercises Work hardening/sport-specific exercises as needed

Physician Signature

Date

3/7/2024