

SHOULDER DEBRIDEMENT WITH BICEPS TENOTOMY/ASD/DCE

Physical Therapy & Strength and Conditioning

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PHASE I – Maximum Protection (Weeks 0 to 2)

☐ **Goals**

- ☐ Reduce inflammation
- ☐ Decrease pain
- ☐ Postural education

☐ **Exercise progression**

- ☐ Ultrasling x 2 weeks
- ☐ Ice and modalities to reduce pain and inflammation.
- ☐ Cervical ROM and basic deep neck flexor activation (chin tucks).
- ☐ Instruction on proper head neck and shoulder (HNS) alignment.
- ☐ Active hand and wrist range of motion.
- ☐ Active shoulder retraction
- ☐ PROM – gradual progression to full.
- ☐ Encourage walks and low intensity cardiovascular exercise to promote healing.

☐ **Manual Intervention**

- ☐ STM – global shoulder and CT junction.
- ☐ Scar tissue mobilization when incisions are healed.
- ☐ Graded GH mobilizations.
- ☐ ST mobilizations.

PHASE II – Progressive Stretching and Active Motion (Weeks 2-6)

☐ **Goals**

- ☐ Discontinue sling
- ☐ Postural education.
- ☐ Focus on posterior chain strengthening.
- ☐ Begin AROM – full all planes

☐ **Exercise progression**

- ☐ Progress to full range of motion flexion and external rotation as tolerated. Use a combination of wand, pulleys, wall walks or table slides to ensure compliance.
- ☐ Gradual introduction to internal rotation using shoulder extensions (stick off back).
- ☐ Serratus activation; Ceiling punch (weight of arm) many initially need assistance.
- ☐ Scapular strengthening – prone scapular series (rows and I's). Emphasize scapular strengthening under 90°.
- ☐ External rotation on side (no resistance).
- ☐ Submaximal isometrics
- ☐ Cervical ROM as needed to maintain full mobility.
- ☐ DNF and proper HNS alignment with all RC/SS exercises.
- ☐ Low to moderate cardiovascular work. May add elliptical and running.

- ☐ **Manual Intervention**
 - ☐ STM – global shoulder and CT junction.
 - ☐ Scar tissue mobilization.
 - ☐ Graded GH mobilizations.
 - ☐ ST mobilizations.
 - ☐ Gentle CR/RS to gain ROM while respecting repaired tissue.
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PHASE III – Strength Training (Weeks 6 to 12)

- ☐ **Goals**
 - ☐ Full AROM
 - ☐ Normalize GH/ST arthrokinematics.
 - ☐ Activate RC/SS with isometric and isotonic progression.
 - ☐ **Exercise progression**
 - ☐ Continue passive and active program pushing for full ROM.
 - ☐ Internal rotation with thumb up back and sleeper stretch.
 - ☐ Add resistance to ceiling punch.
 - ☐ Sub-maximal rotator cuff isometrics (no pain).
 - ☐ Advance prone series to include T's and Y's.
 - ☐ Add seated rows and front lat pulls.
 - ☐ Supine chest-flys providing both strength and active anterior shoulder stretch.
 - ☐ Supine (adding weight as tolerated) progressing to standing PNF patterns.
 - ☐ Seated active ER at 90/90.
 - ☐ Biceps and triceps PRE.
 - ☐ Scaption; normalize ST arthrokinematics.
 - ☐ **Manual Intervention**
 - ☐ STM and Joint mobilization to CT junction, GHJ and STJ as needed.
 - ☐ CR/RS to gain ROM while respecting repaired tissue.
 - ☐ Manual perturbations.
 - ☐ PNF patterns.
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PHASE IV – Advance Strengthening and Plyometric Drills/Return to Work/Sport (Weeks 12)

- ☐ **Exercise progression**
 - ☐ Full range of motion all planes – emphasize terminal stretching with cross arm, TUB, triceps, TV, sleeper and door/pec stretch.
 - ☐ Begin strengthening at or above 90° with prone or standing Y's, D2 flexion pattern and 90/90 as scapular control and ROM permit. Patient health, physical condition and goals/objectives will determine if strengthening above 90° is appropriate.
 - ☐ Continue with closed chain quadruped perturbations; add open chain as strength permits
 - ☐ Progress closed kinetic chain program to include push-up progression beginning with counter, knee, then gradual progression to full as appropriate
 - ☐ Continue to progress RC and scapular strengthening program as outlined.
 - ☐ Advance gym strengthening program.
 - ☐ RTS testing for interval programs (golf, tennis etc.)
 - ☐ Follow-up examination with the physician (3 months) for release to full activity.