OIO Orthopaedic Institute of Ohio
Get well. Get moving again.

SHOULDER ARTHROSCOPY – BICEPS TENODESIS/DEBRIDEMENT/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 4 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.
  - No active elbow motion
  - Active shoulder retraction
  - Shoulder PROM – gradual progression to full.
  - Passive elbow motion 90-130.
  - 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 at 4 weeks
  - 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
  - Passive elbow motion 45-130 weeks 2-4. Elbow AROM and PROM 0-130 weeks 4-6.
  - 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.

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.
  - Initiate strengthening biceps and triceps with progressive resistive exercises.
  - 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.

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.