

Dr. Joshua Alpert Post-Operative Rehabilitation Protocol: Shoulder - Proximal Bicep Tenodesis

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\*\***Note**: concomitant surgical interventions should take precedence over the tenodesis procedure if they include a rotator cuff repair\*\*

	Sling	ROM	Exercise	Precautions
PHASE I 0-4 weeks Goals: - allow healing - initiate restricted, protected ROM - minimize muscular atrophy - decrease pain/inflammat ion	Sling at all times except for hygiene and exercises	PROM ONLY <u>Week 0-2</u> : flexion as tolerated. - ER/IR with arm in scapular plane at 40° abduction: ER to 15°. IR to 45° <u>Week 2-4:</u> flexion as tolerated. Abduction to 80°. - ER/IR with arm in scapular plane at 40°: ER to 30°. IR to 60°	Pendulum exercise. Active-assisted supine FF as tolerated. ERN as tolerated. Scapular retraction. IR behind back. Isometric exercises at 0° of abduction. Ball squeezes. Rhythmic stabilization. ROM for elbow, forearm, hand	- NO active ER, extension or abduction - avoid passive ER in abduction - avoid excessive shoulder extension
PHASE II 4-8 weeks Goals: - gradual increase in ROM - decrease pain	None	Okay to start AROM & PROM Flexion as tolerated. ER at 45°, abduction to 50° IR at 45°, abduction to 60° <u>At 6 weeks</u> : begin light and gradual ER at 90° abduction: progress ER to 45°	ERN. IR behind back. Supine FF as tolerated. Cont phase 1 exercises: active assisted progressing to active forward flexion with scapulohumeral rhythm. Sidelying ER. side lying scaption. Prone row, prone extension. Prone T standing scaption. Theraband ER/IR. Proprioception drills.	- Gentle mid- range ER in POS, gradually progress to coronal plane. - cautiously improve ERN - NO strengthening at all
PHASE III 8-12 weeks Goals: - gradually restore full ROM	None	Gradually progress ROM: flexion to 180°, ER at 90°: abduction to 90°. IR at 90°: abduction to full	Begin strengthening. ER at scapular plane. Wall slide. IR behind back. Horizontal adduction. Sidelying IR@90°. Overhead pulley.	- Gentle mid- range ER in POS, gradually progress to coronal plane. - cautiously improve ERN

- improve neuromuscular control - enhance proprioception and kinesthesia			<ul> <li>At week 9: hands behind head.</li> <li>Theraband: ER, IR, forward, punch shrug, dynamic hug, "w"s.</li> <li>At week 9: bicep curl</li> <li>At week 11: seated row</li> <li>Dynamic: continue from phase 2. Up to 1-3lbs as tolerated. Prone Y.</li> <li>continue RS.</li> <li>proprioception drills.</li> <li>Scapulohumeral rhythm exercises. Progress to work conditioning.</li> </ul>	
PHASE IV 12-16 weeks Goals: - full ROM - improve strength power, endurance, dynamic stability, scapular muscle	None	Progress and stretch to full ROM. continue previous stretches.	Continue phase 3. Weight training can begin. Optional exercise - Theraband: add 'T's, diagonal up and down, add prone 'U's. - plyometric: rebounder throws with arm at side. Wall dribbles overhead. Begin work conditioning.	<ul> <li>No sports yet.</li> <li>weight training per surgeon</li> <li>continue to avoid excessive or forceful extension and ER</li> </ul>
PHASE V 16-20 weeks Goals: - increase activities for functional return	None	Full ROM	Continue above plyometrics. Add rebounder throws with weighted ball. Decelerations. Wall dribbles at 90°. Wall dribble circles. - interval sports programs can begin per surgeon	- weight training precautions - optional shoulder brace for collision sports

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