



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

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

	Sling	ROM	Exercise	Precautions
<p>PHASE I 0-4 weeks</p> <p>Goals:</p> <ul style="list-style-type: none"> - allow healing - initiate restricted, protected ROM - minimize muscular atrophy - decrease pain/inflammation 	<p>Sling at all times except for hygiene and exercises</p>	<p>PROM ONLY</p> <p><u>Week 0-2:</u> flexion as tolerated.</p> <ul style="list-style-type: none"> - ER/IR with arm in scapular plane at 40° abduction: ER to 15°. IR to 45° <p><u>Week 2-4:</u> flexion as tolerated. Abduction to 80°.</p> <ul style="list-style-type: none"> - ER/IR with arm in scapular plane at 40°: ER to 30°. IR to 60° 	<p>Pendulum exercise. Active-assisted supine FF as tolerated. ERN as tolerated. Scapular retraction. IR behind back.</p> <p>Isometric exercises at 0° of abduction. Ball squeezes. Rhythmic stabilization. ROM for elbow, forearm, hand</p>	<ul style="list-style-type: none"> - NO active ER, extension or abduction - avoid passive ER in abduction - avoid excessive shoulder extension
<p>PHASE II 4-8 weeks</p> <p>Goals:</p> <ul style="list-style-type: none"> - gradual increase in ROM - decrease pain 	<p>None</p>	<p>Flexion as tolerated. ER at 45°, abduction to 50° IR at 45°, abduction to 60°</p> <p>Okay to start AROM</p> <p><u>At 6 weeks:</u> begin light and gradual ER at 90° abduction: progress ER to 45°</p>	<p>ERN. IR behind back. Supine FF as tolerated.</p> <p>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.</p>	<ul style="list-style-type: none"> - Gentle mid-range ER in POS, gradually progress to coronal plane. - cautiously improve ERN - NO strengthening at all
<p>PHASE III 8-12 weeks</p> <p>Goals:</p> <ul style="list-style-type: none"> - gradually restore full ROM - improve 	<p>None</p>	<p>Gradually progress ROM: flexion to 180°, ER at 90°: abduction to 90°. IR at 90°: abduction to full</p>	<p>ER at scapular plane. Wall slide. IR behind back. Horizontal adduction. Sidelying IR@90°. Overhead pulley.</p> <ul style="list-style-type: none"> - At week 9: hands behind head. 	<ul style="list-style-type: none"> - Gentle mid-range ER in POS, gradually progress to coronal plane. - cautiously improve ERN

neuromuscular control - enhance proprioception and kinesthesia			Theraband: ER, IR, forward, punch shrug, dynamic hug, "w"s. - At week 9: bicep curl - At week 11: seated row Dynamic: continue from phase 2. Up to 1-3lbs as tolerated. Prone Y. continue RS. proprioception drills. Scapulohumeral rhythm exercises	
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.	- No sports yet. - weight training per surgeon - continue to avoid excessive or forceful extension and ER
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

Fox Valley Orthopedics
 420 W. Northwest Highway
 Barrington, IL 60010
 847.382.6766

Fox Valley Orthopedics
 1710 Randall Road
 Elgin, IL 60123
 224.293.1170