
REHABILITATION PROTOCOL (INFORMATION FOR PHYSIOTHERAPISTS)

SHOULDER DEBRIDEMENT +/- BICEPS TENODESIS OR TENOTOMY

1. General Guidelines

- This is a GENERAL rehabilitation protocol. Any SPECIFIC instructions that differ from this protocol should be followed (see below).
- In general, regaining ROM is the first (and most important) priority, followed by strengthening.
- Supervised physiotherapy begins 1-2 weeks post-op and continues for 3-6 months, as necessary, depending on patient's progress, activity level and goals.
- In addition to formal physiotherapy, patients should be encouraged to exercise independently 3-5 times/day during Phases I and II and 3-5 times per week during Phases III and IV.

2. General Precautions

- The sling can be discontinued as comfort allows.
- No heavy lifting for at least 6 weeks.
- Surgery Specific Precautions:
 - Biceps Tenodesis or Tenotomy: Avoid resisted **Elbow Flexion** for 6 weeks.

3. Specific Instructions

PHASE I: Immediate Post-Op → 2 Weeks Post-Op

1. Objectives

- Decrease post-op pain and swelling (should utilize ice/cooling device for 8-12 hours/day x 2 weeks).
- Begin general activities of daily living (ADL's) (i.e. feeding, bathing, and dressing).
- Increase shoulder ROM with passive and active-assisted ROM exercises.
- Begin cross-training to maintain general fitness.
- Educate patient on rehabilitation progression.

2. Sling:

- Can be discontinued as comfort allows.

3. Therapeutic Exercises

- Pendulum shoulder ROM exercises.
- Begin passive and active-assisted ROM exercises (i.e. supine, pulleys, wall crawls, and cane exercises) - forward elevation, abduction, external rotation, internal rotation (behind back) and internal rotation in abduction.
- Wrist/elbow ROM.
- General fitness – may use stationary bike

PHASE II: 2 Weeks Post Op → 6 Weeks Post-Op

1. Objectives

- Achieve full active ROM in all planes.
- Return to work: modified duties (avoid heavy lifting and overhead activity).

2. Sling

- Discontinue.

3. Therapeutic Exercises

- Begin active ROM and continue passive/active-assisted ROM exercises in all planes as necessary to achieve full ROM.
- Begin GENTLE isometric strengthening exercises – all shoulder movements, biceps limited as per section 2.
- Begin manual glenohumeral and scapular mobilization.
- May begin aquatic shoulder therapy.
- Can weight-bear through arms.
- General fitness – continue to use stationary bike to maintain general fitness
- Begin peri-scapular muscle strengthening: postural work, scapular retraction, protraction, elevation and depression.
- Continue wrist/elbow ROM (as necessary).

PHASE III: 6 Weeks Post Op → 12 Weeks Post-Op

1. Objectives

- Maintain/improve shoulder ROM.
- Increase shoulder strength.
- Return to work: for manual and overhead occupations.

2. Sling

- Already discontinued.

3. Therapeutic Exercises

- Begin Theraband strengthening exercises for RTC and biceps, progressing to strengthening exercises with free weights for all planes. Increase repetitions before increasing weight (↑ endurance > ↑ strength).
- Begin overhead activity.
- Begin swimming to increase shoulder strength at low resistance.
- Begin putting and chipping for golf.
- General fitness – may begin running.

PHASE IV: 12 Weeks Post-Op → 6 months Post Op

1. Objectives

- Maintain/improve shoulder ROM.
- Increase shoulder strength.
- Progressive return to sport.

2. Sling

- Already discontinued.

3. Therapeutic Exercises

- Begin sport-specific strengthening exercises.
- Begin low speed throwing / controlled racket sports / non-contact hockey at 3 months.
- Progress to competitive throwing / racket sports / contact sports at 6 months.
- Progressive return to golf: begin with irons progressing to full swings with all clubs at 6 months.