

SHOULDER ARTHROSCOPY—BICEPS TENODESIS/DEBRIDEMENT/ASD/DCE

Physical Therapy, Strength and Conditioning

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.
- PHAS

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.