

ARTHROSCOPIC SUBACROMIAL DECOMPRESSION SUBPECTORAL BICEPS TENODESIS REHAB PROTOCOL

The purpose of this protocol is to work collaboratively with the clinician and provide a guideline for the postoperative rehabilitation course of a patient that has undergone an arthroscopic debridement, subacromial decompression and/or biceps tenodesis. This protocol is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient, they should not hesitate to consult with the referring surgeon.

Please Note: The given time frames are an approximate guide for progression

NO UPPER BODY ERGOMETER AT ANY TIME

Phase I: First 4 weeks of therapy (3-4 weeks post-surgery)

- Wean out of sling at 3-4 weeks post-op. Most patients will be out of sling at start of therapy
- Passive Range of Motion: Gently increase PROM of shoulder and elbow in all directions to tolerance, and as stiffness allows
- Active Assisted Range of Motion (AAROM): May begin once PROM adequate
- Precautions:
 - o No AROM of the shoulder or elbow
 - o Avoid weight bearing through arm / hand. No lifting >5lbs
 - o No friction massage to proximal biceps site
- Active range of motion (AROM) of wrist/hand permitted. May progress to strengthen as appropriate
- May begin scapular strengthening/stabilization exercises
- Modalities for inflammatory, edema and pain control as appropriate

GOAL: *Gradual PROM/AAROM of shoulder and elbow with minimal pain. AROM of distal extremity.*

Phase II: Weeks 4-8 of therapy

- Advance PROM and AAROM as tolerated.
- Active range of motion (AROM) as tolerated
 - o Perform in the scapular plane: Forward flexion, elevation and ER
 - o Elbow flexion/extension and forearm pronation/supination without resistance
- May provide gentle stretching or joint mobilizations as appropriate
- Strengthening/Stabilization
 - o Progress scapular strengthening exercises as appropriate
 - o Progress distal extremity exercises with light resistance as appropriate
- Modalities as appropriate

GOAL: *AROM with minimal pain.*

Phase III: Weeks 8-12 of therapy

- Strengthening
 - Begin progressive supine active elevation strengthening (anterior deltoid)
 - Resisted flexion, elevation in the plane of the scapula, extension (therabands / sport cords)
 - IR, ER strengthening
- Progress IR stretch behind back from AAROM to AROM as ROM allows

GOAL: *Gradual progression of strengthening once patient has adequate ROM*

Phase: Beyond 12 weeks of therapy:

Advanced strengthening phase (Not to begin before 12 weeks to allow for appropriate soft tissue healing and to ensure adequate ROM, and initial strength):

- Gradually progress strengthening program
- Gradual return to moderately challenging functional activities.
- Return to recreational hobbies, gardening, sports, golf, doubles tennis

GOAL: *Slow and gradual pain-free progression of ROM and strength in order to return to all normal ADLs, work, and recreational activities.*

*****Expected Recovery Time is approximately 6-9 Months*****

NOTE: If you have any questions or concerns regarding any of the phases or advancements in this protocol, please do not hesitate to contact our office at 781-337-5555.

Liechti DJ, Mitchell JJ, Menge TJ, Hackett TR. Immediate physical therapy without postoperative restrictions following open subpectoral biceps tenodesis: low failure rates and improved outcomes at a minimum 2-year follow-up. *Journal of Shoulder and Elbow Surgery*. 2018;27(10):1891-1897. doi:10.1016/j.jse.2018.02.061.

Werner BC, Lyons ML, Evans CL, et al. Arthroscopic Suprapectoral and Open Subpectoral Biceps Tenodesis: A Comparison of Restoration of Length-Tension and Mechanical Strength Between Techniques. *Arthroscopy: The Journal of Arthroscopic & Related Surgery*. 2015;31(4):620-627. doi:10.1016/j.arthro.2014.10.012.