Shoulder Arthroscopy and Open Sub-Pec Biceps Tenodesis

Name: _____ DOB: _____ DOS: _____

Dr. Michael G. Rizzo, MD DX: _____

● = Do exercise for that week

PROM Restrictions

FE: 150 x 2 wks

ER: 30 x 2 wks

IR: Full

ABD: 150 x 2 weeks

Full PROM begin wk 3

Begin Full AROM after 3 weeks

Sling 3 weeks

T.E.D. Hose x 2 weeks

Timelines

Week 1 (POD 1-7)

Week 2 (POD 8-14)

Week 3 (POD 15-21)

Week 4 (POD 22-28)

Precautions

No resisted elbow flexion x 3 weeks then 10 lb limit wks 3-6

Phase I: Maximal Protection Passive Range of Motion (PROM)	Week 1	2	3	4	5	6	7	8	9	10	13	17	21	25
Date:														
Cervical ROM Exercises	●	●	●	●	●	●								
Elbow/Hand/Wrist ROM	●	●	●	●	●	●								
Ball Squeeze	●	●	●	●	●	●								
Ankle Pumps	●	●	●	●	●	●								
Scapular Retraction/Depression		●	●	●	●	●								
Pendulums	●	●	●	●	●	●								
Aquatherapy for AAROM			●	●	●	●								
Passive ROM														
External Rotation	30		●	●	●	●	●	●			Continue PROM as needed			
Forward Elevation & Scaption	150		●	●	●	●	●	●						
Abduction	150		●	●	●	●	●	●						
Internal Rotation to Belt Line	●	●	●	●	●	●	●	●						
Internal Rotation	●	●	●	●	●	●	●	●						
Phase II: Minimal Protection Active Range of Motion (AROM)	1	2	3	4	5	6	7	8	9	10	13	17	21	25
Active Assist ROM														
Internal & External Rotation			●	●	●	●	●	●	●	●	●	●	●	●
Flexion/Abduction			●	●	●	●	●	●	●	●	●	●	●	●
Isometrics														
Internal/External Rotation			●	●	●	●	●	●	●	●	●	●	●	●
Flexion/Extension/Abduction			●	●	●	●	●	●	●	●	●	●	●	●
Active ROM														
Bench Press Series				●	●	●	●	●	●	●	●	●	●	●
Modified Military Press				●	●	●	●	●	●	●	●	●	●	●
Sidelying External Rotation				●	●	●	●	●	●	●	●	●	●	●
Salutes				●	●	●	●	●	●	●	●	●	●	●
Full Can				●	●	●	●	●	●	●	●	●	●	●
Prone Row Progression				●	●	●	●	●	●	●	●	●	●	●
Prone ER@90°						●	●	●	●	●	●	●	●	●
Prone Ys					●	●	●	●	●	●	●	●	●	●
Prone Lift off						●	●	●	●	●	●	●	●	●
Open Chain Proprioception				●	●	●	●	●	●	●	●	●	●	●
Low Load Prolonged Stretches														
Door Jam Series				●	●	●	●	●	●	●	●	●	●	●
Towel Internal Rotation				●	●	●	●	●	●	●	●	●	●	●
Cross Arm Stretch				●	●	●	●	●	●	●	●	●	●	●
Sleeper Stretch				●	●	●	●	●	●	●	●	●	●	●
TV Watching Stretch				●	●	●	●	●	●	●	●	●	●	●
90/90 External Rotation Stretch						●	●	●	●	●	●	●	●	●
Activities of Daily Living	1	2	3	4	5	6	7	8	9	10	13	17	21	25
Eating/Drinking	Use Uninvolved Arm Only					●	●	●	●	●	●	●	●	●
Dressing						●	●	●	●	●	●	●	●	●
Washing/Showering						●	●	●	●	●	●	●	●	●
Computer with supported arm	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Driving			●	●	●	●	●	●	●	●	●	●	●	●
Lifting up to 5 lbs.							●	●	●	●	●	●	●	●
Overhead Activity								●	●	●	●	●	●	●
Lifting greater than 5 lbs.									●	●	●	●	●	●

The intent of this protocol is to provide guidelines for progression of rehab. It is by no means intended to serve as a substitute for clinical decision making. Progression through each phase of rehab is based on clinical criteria and time frames as appropriate It is important that each phase of rehab is mastered prior to initiating the next phase to insure proper healing of repaired tissues.

	Week													
Phase III: Initial Resistance Strengthening & Proprioception	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**13**	**17**	**21**	**25**
External Rotation						•	•	•	•	•	•	•	•	•
Internal Rotation						•	•	•	•	•	•	•	•	•
Double Arm External Rotation							•	•	•	•	•	•	•	•
Full Can						•	•	•	•	•	•	•	•	•
Forward Punch w/plus						•	•	•	•	•	•	•	•	•
Rows						•	•	•	•	•	•	•	•	•
Bicep Curl						•	•	•	•	•	•	•	•	•
Triceps Extension						•	•	•	•	•	•	•	•	•
Lat Pulldown						•	•	•	•	•	•	•	•	•
Initial Closed Chain Stability										•	•	•	•	•
Phase IV: Advanced Resistance Strengthening & Proprioception	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**13**	**17**	**21**	**25**
Bear Hugs									•	•	•	•	•	•
External Rotation at 45°									•	•	•	•	•	•
External Rotation at 90°									•	•	•	•	•	•
Rhythmic Stabilization/NM Control									•	•	•	•	•	•
Advanced Closed Chain Stability											•	•	•	•
Plyometrics												•	•	•
Decelerations													•	•
Phase IV: Return to Sports	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**13**	**17**	**21**	**25**
CRITERIA FOR RETURN TO FULL ACTIVITY **FUNCTIONAL PAINFREE ACTIVE RANGE OF MOTION, MAXIMIZED STRENGTH, PROPER SCAPULOTHORACIC MECHANICS**														
Skiing												•	•	•
Throwing Progression												•	•	•
Overhead and Serving Sports (swim, throw, tennis, volleyball)	Overhead serves @ 4 mos *Full Overhead Activities @ 6 mos											•	•	•
Contact Sports (football, hockey, lacrosse)													•	•
Swimming											•	•	•	•
					Therapist:									