

**GARRETT COUNTY ORTHOPAEDICS**

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**Biceps Tenodesis or Type II SLAP Repair**

**PHASE I: Weeks 1 through Week 2 – PROTECTION PHASE**

**Goals:** Protect the anatomic repair  
Prevent negative effects of immobilization  
Promote dynamic stability  
Diminish pain and inflammation

**PT Sessions:** Home program after initial therapist visit asap after surgery

**Slings:** Shoulder immobilizer / abduction sling

1. Wear at all times, even when sleeping for 1<sup>st</sup> 2 weeks after surgery
2. Remove Multiple times per day at least for home PT exercises, and for personal hygiene
3. Cryotherapy 3x/day

**Exercises:**

1. Grip Strength w/ foam ball, towel, putty to squeeze repetitively
2. Hand, wrist, elbow (flexion PROM only) full AROM w/ light weights (1-3 lbs.; incr. prn)
4. Shoulder passive pendulum exercises in sling or forearm supported
5. Assisted PROM shoulder to maximum of 45° flexion, 20° external rotation, 30° abduction; NO extension
6. Scapular retraction; gently pinch shoulder blades together for 5 sec
7. NO stress on biceps, NO Active biceps exercises or lifting (elbow flexion or supination)
8. NO active shoulder Flexion, ER, Extension, or Abduction for 6 weeks

**Aerobic Conditioning:** may ride stationary bike while wearing immobilizer

**PHASE II: Week 2 - 6 – EARLY STRENGTHENING & ENDURANCE**

**PT Sessions:** 1-3 supervised sessions per week with physical therapist or as directed by therapist

**Slings:** D/C sling as tolerated at 4 weeks

**Exercises:**

1. Continue grip strength exercises
2. Continue hand, wrist, elbow (flexion PROM only) full AROM w/ weights
3. Passive pendulums w/ elbow extended and forearm unsupported

4. Assisted PROM shoulder to full forward flexion, full abduction, and 30 deg of external rotation
5. Scapular retraction; gently pinch shoulder blades together for 5 sec
6. Cross chest (posterior capsule) stretch
7. Mild ADL's at or below waist level
8. NO stress on biceps, NO Active biceps exercises or lifting (elbow flexion or supination)
9. NO active shoulder Flexion, ER, Extension, or Abduction for 6 weeks

**Aerobic Conditioning:** Stationary bike or treadmill

### **PHASE III: Week 6 - 12 – ADVANCED STRENGTHENING & ENDURANCE**

**Goals:** Gradually restore full ROM (week 10)  
 Preserve the integrity of the surgical repair  
 Restore muscular strength and balance

**PT Sessions:** 1-3 supervised sessions per week with physical therapist or as directed by physical therapist

**Sling:** none

**Exercises:**

1. Continue previous grip and hand/wrist/elbow (add flexion) AROM exercises
2. Shoulder full PROM exercises w/o limitations; include wand/stick, pulley, towel stretch, wall climbs, assistance from opposite UE, etc...  
**DO NOT PUSH THROUGH ANY SHARP OR STABBING PAIN**
3. Gentle shoulder active assisted range-of-motion (AAROM) exercises in all planes
4. Scapular retraction, shoulder shrugs, and postural correction
5. 5-way isometric strengthening exercise
6. Moderate ADL's from waist to shoulder; may do mild overhead activities

**Aerobic Conditioning:**

1. Stationary bike, elliptical trainer, stairmaster
2. May walk on treadmill; NO running
3. Upper body cycle up to 5 min forward and 5 min backward

**Criteria for Progression to PHASE IV:**

1. 90%shoulder FAROM
2. Pain-free ADL's up to shoulder height
3. Able to perform 5 min of upper body cycle w/o pain

### **PHASE IV: Week 12 - 16 – BASIC FUNCTIONAL PHASE**

**PT Sessions:** Directed by physical therapist

**Exercises:**

1. Continue previous exercises with emphasis on full AAROM
2. Shoulder AROM exercises and ADL's in all planes to fatigue
3. Light resistance theraband exercises
4. 6-way isometric strengthening
5. May use 5-10 lbs. Free weights with AROM exercises
6. Start with wall push-ups; progress to push-ups on table, then to knees
7. Basic aquatic (pool) therapy if available
8. Full ADL's; lifting as tolerated

**Aerobic Conditioning:**

1. May begin jogging in addition to bike, elliptical trainer, and stairmaster
2. Upper body cycle up to 10-15 min forward and 10-15 min backward

**Criteria for Progression to PHASE V:**

1. Full or nearly full shoulder AROM
2. Near full strength per manual muscle testing
3. Pain-free basic functional training exercises

**PHASE V: Week 16 - 24 (6 mo) – ADVANCED FUNCTIONAL PHASE**

**Goals:** Enhanced muscular strength, power, and endurance  
Progress functional activities  
Maintain shoulder mobility

**PT Sessions:** Directed by physical therapist

**Exercises:**

1. FAROM exercises to fatigue; emphasize active and passive ER
2. Gradually increase weight training to maximum; must be pain free
3. Progress from knee to military push-ups; AVOID anterior capsule stretching by not dropping below the scapular plane during each rep
4. Advanced pool therapy if available

**Aerobic Conditioning:**

1. Progress from jogging to running prn; should be pain-free
  2. Sport-specific drills prn; i.e. throwing, dribbling, catching
- \*\*\*\* **Throwers:**
- 4 months → may begin light throwing
  - 6 months → may throw from mound, limit velocity
  - 7 months → may do full velocity pitching

**Criteria for progression to PHASE VI:**

1. Full AROM equal to opposite UE (accept 5-10° loss of ER)
2. Full shoulder strength per manual testing
- 3.

**PHASE VI: 6 Months + – RETURN TO FULL DUTY PHASE**

**Goals:** Gradual return to sport activities  
Maintain strength, mobility, and stability  
Full AROM equal to opposite UE (accept 5-10° loss of ER)  
Full shoulder strength per manual testing (or 90% isokinetic testing)

**When rehabilitation goals are met:**

1. Full shoulder AROM (accept 5-10° loss of ER)
  2. Full strength per manual and isokinetic testing
- \*\*\*\* **Throwers:**
- 4 months → may begin light throwing
  - 6 months → may throw from mound, limit velocity
  - 7 months → may do full velocity pitching

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