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SLAP Repair – Biceps Tenodesis

General Principles:
This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

PHASE I: (Immediate)

Week 1-2

Orthotics-
1. Shoulder sling at all times
2. May remove sling for exercises, showering, and dressing

Modalities (PRN)-
1. Ice post-activity throughout protocol
2. Electrical stimulation for pain or muscle re-education

ROM-
1. Wrist, Forearm, and Elbow Active/Passive ROM to full in all planes

Exercises-
1. Active wrist, forearm, and elbow exercises, all planes
2. Hand gripping exercises
3. Isometrics (Sub-maximal, sub-painful)
    a. Wrist, Elbow, Forearm

Week 3 – 4

Orthotics-
1. Shoulder sling at all times
2. May remove sling for exercises, showering, and dressing

Modalities (PRN)-
1. Continue modalities as needed

ROM-
1. Passive Shoulder ROM exercises only as follows:
    a. Flexion to 120, ER to 0 degrees in scapular plane

Exercises-
1. Progress to resistive exercises for Wrist, Forearm, and Elbow
2. Pendulum
3. Overhead Pulleys / Table slides within ROM restrictions
4. **Week 4-** Begin AAROM w/ dowel rod within shoulder ROM restrictions
5. Passive and Active scapulothoracic mobility

PHASE II (Intermediate)

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Week 5 – 9

Orthotics-

1. May gradually discontinue use of shoulder sling as tolerated

Modalities (PRN)-

1. Continue modalities as needed

ROM-

1. Gradually progress AROM, AAROM, and PROM to full in all planes
2. Progress ER past 0 degrees at Wk 7

Exercises-

1. Continue Phase I exercises as tolerated
2. Initiate LIGHT isometric biceps progressing to LIGHT isotonics
3. Scapulo-thoracic strengthening as tolerated
4. Progress to active exercises through non-painful ROM. No ER past 0 until Wk 7
5. Isometric IR/ER within ROM restrictions. Sub-maximal progressing to full as tolerated
6. Begin rhythmic stabilization exercises
7. Upper Extremity Cycle

PHASE III (Strengthening)

Week 10 – 16

Exercises-

1. Progress Phase II exercises as tolerated
2. Biceps resistance training
3. Rotator cuff strengthening, NO resisted ER until Wk 12

PHASE IV (Advanced Strengthening)

Week 16 – 24

Exercises-

1. Non-throwing athletes may return to full sports activities at this time per physician
2. Throwing athletes may initiate Interval Throwing Program
3. Light Upper extremity Plyometrics
4. Functional activities including lifting and return to work activities
5. Isokinetics as appropriate

Week 25+

Exercises-

1. Isokinetic Test at 180, 240, and 300 degrees per physician request. General goal for full release to sport activity is 85% strength compared to uninvolved limb.
2. Patients will have full release to play sports during this time frame, but only with physician approval based on strength and overall level of function

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