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REHAB PROTOCOL: Open Subscapularis Repair and Open Biceps Tenodesis

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Protection phase): Weeks 0-6

Precautions

- Patient to remain in sling for 6 weeks.
- **NO** pushing yourself from chair or bed with the operative arm.
- **NO** active motion of the shoulder, **NO** excessive passive stretching beyond the limits described below
- **NO** Resistive Internal Rotation, **NO** Internal Rotation behind the back, **NO** stretching in Abduction IR and **NO** ER stretching with the arm in 90⁰ of abduction
- **NO ACTIVE ROM of elbow against resistance** if biceps tenodesis is performed
- All of initial therapist supervised passive exercises will be performed while you are lying on your back.
- **NO** body blade, weights or upper body ergometer in the Phase I and initial strengthening phase

ROM goals

- True supervised PROM only! The rotator cuff tendon needs to heal back into the bone..
- Passive ER (roll towel under elbow, supine) to 0 degree
- Passive FF to less than 120 degree
- Pendulum hangs (ONLY IF THE PATIENT CAN DO IT PROPERLY)
- Active hand and wrist exercises
- Scapular exercises: Scapular pinch and roll and shoulder shrug
- No canes/pulleys until 6 weeks post-op, because these are active-assist exercise

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Phase II (Active Range of Motion phase) Weeks 7-11:

Precautions

- **NO** lifting anything heavier than soda bottle
- Patient has to face the pulley and **NO** pulleys behind the back
- **AVOID** sudden jerking motion or grabbing on to objects far out from you
- **AVOID** body blade, weights or upper body ergometer in the Phase I and initial strengthening phase

Exercises

- Discontinue sling
- Cleared for daily use of your arm for activities of daily living (ADL)
- Use of pulleys, canes for ROM is allowed
- Begin AAROM and advanced to AROM as tolerated (internal rotation, external rotation, and scapular rotators). Start in lying down position and then advance to sitting and standing position
- Light passive stretching at end ranges (Avoid excessive ER in abduction in subscapularis tears and excessive IR in abduction in infraspinatus tears)
- Begin scapular strengthening exercises, closed chain for deltoid, PRE's (progressive resistance exercises) for large muscle groups (pecs, lats, etc) at 10 weeks
- Isometrics with arm at side and light resistive therabands beginning at 10 weeks

Phase III (strengthening phase): Weeks 12-16

Precautions

- Patient should have full ROM, no substitution patterns and good scapulothoracic control
- **NO** heavy lifting (>10 pounds)
- Patient has to face the pulley and **NO** pulleys behind the back
- **AVOID** sudden jerking motion or sudden reaching out to grabbing objects
- Lateral raises and side raises with weights should be with the bent elbow and below the shoulder level

Exercises

- Advance to full ROM as tolerated with passive stretching at end ranges
- Advance strengthening as tolerated: isometrics ‡ bands (progress with increasing intensity) ‡ light weights (1-5 lbs); per rotator cuff, deltoid, and scapular stabilizers
 - IR (wall push ups, IR at 90 degree, dynamic hug, diagonals with bands)
 - ER ((lying, sitting supported, standing unsupported),



- Prone scapular stabilization and extension exercises (T, Y, I, W)
- Closed chain Deltoid
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Begin eccentrically resisted motions, plyometrics and proprioception

Phase IV (Advanced strengthening phase/Sports specific Rehab phase): Weeks 16-24

Exercises

- Continue Phase III
- Begin sports related rehab at 4 months, including advanced conditioning
- Return to Golf, tennis, basketball programs initiated at 4-5 months
- Return to throwing at 6 months

Modalities

- ◇ Heat and Ice
- ◇ Ultrasound
- ◇ Iontophoresis
- ◇ Phonophoresis
- ◇ Therapists' discretion
- ◇ TENS
- ◇ Trigger point massage

Evaluation and others

- ◇ Teach home exercise program

Comments:

Frequency: 2 times per week

Duration: 12 weeks

Signature: _____

Date: _____