

	PRECAUTIONS	ROM	EXERCISES
Phase 1: 0-1 weeks HEP only	Sling with bolster at all times except hygiene No use of the arm No driving	No shoulder motion	AROM of the neck, hand/grip, wrist, and elbow **avoid active elbow flexion x 4-6 weeks if biceps tenodesis or tenotomy.Perform active-assisted elbow motion instead**
Phase 2: 1-6 weeks Formal therapy to begin 7-10 days post-op, 2-3x/week	Sling at all times when up and moving. 1# ADL restriction Can begin driving (in sling if off narcotics) Can remove bolster @ week 2; Can D/C sling @ week 4-5	Gentle PROM in scapular plane It is passive motion, NOT STRETCHING ER to 60 FLexion to 160 IR avoiding pain.	provide passive shoulder range of motion Codman's pendulum exercises 3 x/day Wrist (supported) PRE's with light weight; Elbow AROM; Grip Supine wand External rotation PROM Week 2: Scapular Isometrics Week 3: submaximal shoulder isometrics for IR/ER/Ext
Phase 3: 6-8 weeks 2x/week	No sling No actively raising arm but use for light ADL's, IADL's		Active-assisted range of motion: Pulleys, supine wand flexion; "wand-ranger"; wall crawl UBE - No resistance Elbow PRE's (arm at side) Scapular stabilization exercises Shoulder isometrics in all planes
Phase 4: 8-12 weeks 1-2x/week	0-5#	Begin AROM, without upper trap hiking. Full AROM as tolerated Perform stretching for full PROM	standing wand flexion/abduction Sidelying AROM: ER and Abduction Short lever isotonic IR/ER (cable, theraband) Prone Scapular "I", "T", "Y" Do not push active motion through shoulder shrug sign Can begin isotonics if good AROM in week #10
Phase 5: 12-24 weeks	MD will determine weight restrictions	Full AROM in week 16	Long-lever strengthening, PNF patterns, body blade, wall push-ups, HEP Continue stretching
6-8 months and beyond	MD will determine activity restrictions		Continue gross strengthening, advanced strengthening Work-specific tasks and strengthening Sports specific training, interval throwing

MD post-op appts: 2 weeks, 6 weeks, 12 weeks, 5 months. Please send PT progress notes prior to each one. This protocol is not a substitute for clinical decision making of the health care professional.

Please see PT referral for any specific post op instructions; Confirm the extent of the tendon repair prior to therapy! (biceps tenodesis, etc)