Fraser Orthopaedic Institute
Physiotherapy Protocols
403 - 233 Nelson's Crescent New Westminster BC V3L0E4

Biceps Tenodesis/SLAP Repair: Postoperative Protocols

In this procedure, the superior labrum and biceps anchor is reattached to the superior glenoid or upper humerus. Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing.
The **overall goals** of the surgical procedure and rehabilitation are to:
• Control pain and inflammation
• Regain normal upper extremity strength and endurance
• Regain normal shoulder range of motion
• Achieve the level of function based on the orthopaedic and patient goals

Exercises should be initiated within the first week following surgery. The supervised rehabilitation (outpatient physiotherapy) started after 4 weeks is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

Return to activity requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following shoulder surgery requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing.

Returning to work
For most sedentary jobs, taking a week off work is recommended.
When you return to work your arm will be in a sling (four weeks after surgery) but you should be able to manage as long as you do no lifting, pushing, pulling or carrying.
Most patients can start light duty work involving no lifting, pushing, pulling or carrying more than one to two pounds, 6-8 weeks after surgery.
Work at waist level (5-10 pounds of lifting) and non-contact sports is started 3-4 months after surgery.
You will generally need 4-6 months of recovery before beginning occasional work at shoulder level.
Return to heavy lifting or overhead use/contact sports may require 6-12 months

Prehabilitation
• Apply ice (PolarCare if available) as much as tolerated within a 24 hour period for first week. If using ice packs, encourage icing 20-30 minutes every 3-4 hours while awake. This is also useful after therapy.

*Sling used for 4 weeks

Home Exercise Program Phase 1: (Weeks 1-4)
Follow pictorial exercises illustrated in **Shoulder Surgery- Initial Postoperative Exercises**

***Outpatient Physiotherapy Phase 2*:** (Weeks 4-6)
Instruct in basic progression of rehabilitation program and expectations for time course to recovery
ROM
• Forward Flexion: Progressed to full
• Internal Rotation: Progressed to full
• External Rotation: Progressed to 30 degrees

Therapeutic Exercises
• Strengthening: *No biceps contraction allowed
• Isometrics: Maximal rotator cuff isometrics
• Isotonics: Periscapular, core strengthening

Outpatient Physiotherapy Phase 3: (Weeks 6-12)

ROM

Progressed to full

Therapeutic Exercises

• Strengthening: Gentle biceps contraction allowed, advanced scapular stabilization
• Isotonics: Isotonics in functional ranges, integrate scapular stabilization and core strengthening

Outpatient Physiotherapy Phase 4: (Weeks 12-24)

ROM Goals

Full, pain free

Therapeutic Exercises

•Strengthening: Sports specific, plyometrics, advanced core integration
•5 Months Begin sport specific racquet and throwing activities. Return to non throwing or racquet sports.
•6-9 Months Return to all athletic activities.

Note:

Return to sport based on provider team input and appropriate testing.
•All times and exercises are to serve as guidelines. Actual progress may be faster or slower, depending on each individual patient, as agreed upon by the patient and his/her team of providers.