

Island Orthopaedics and Sports Medicine, P.C.

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POST-OPERATIVE GUIDELINES FOR ARTHROSCOPIC TREATMENT OF ISOLATED LONG HEAD OF BICEPS TEAR

Please Note: The time period refers to the seven days of the particular week noted. As examples, Post-op Week 1 includes days 1-7 and Post-op Week 7 includes days 43-49.

A full description can be found at www.shoulders.md/handouts.htm

****The following protocol is for an isolated biceps tenodesis. If a biceps tenodesis is performed in addition to a rotator cuff repair, the repair protocol is followed except that active elbow flexion is delayed until post-op week 7. If a biceps tenotomy is performed, active elbow flexion is delayed until pain is resolved in the bicep, often by week 5-6.**

Post-op week 1:

- Pendulums
- Gentle pain-free PROM for forward elevation and external rotation
- Supine AAROM external rotation with stick. Shoulder at 30-45 degrees of abduction and arm at least level with abdomen (use towel roll/pillow)
- Self supine AAROM forward elevation
- Wrist and hand AROM/gripping.
- Modalities (Ice, electrical stimulation)
- Avoid shoulder extension past neutral (use towel roll/pillow under elbow in supine), active elbow flexion and forearm supination, IR beyond stomach, lifting, pushing, pulling, carrying, AROM, and sleeping on the involved side.

Post-op week 2:

- Pendulums
- Elbow PROM
- Continue with shoulder PROM and AAROM exercises
- Continue wrist/hand AROM/gripping
- Modalities (Ice, electrical stimulation)
- Avoid shoulder extension past neutral, active elbow flexion and forearm supination, IR beyond stomach, lifting, pushing, pulling, carrying, AROM, and sleeping on the involved side.

**The initiation of physical therapy and the exact timing of progression during the rehabilitation process may vary.*

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Post-op week 3-4:

- PROM and AAROM exercises as tolerated
- Continue elbow PROM, wrist/hand AROM/gripping
- Pulley in scapula plane with quality ROM (no scapula hike), if pain, hold off.
- Pain-free Sub-maximal isometrics except shoulder flexion and elbow flexion
- Prone row, extension to neutral (no weight)
- AROM Side-lying ER/IR (no weight)
- Scapula control exercise by PT in side-lying: active-assisted/active/resistive (to begin to restore scapula stability/force couple)
- Modalities for pain
- Continue to avoid shoulder extension past neutral, active elbow flexion and forearm supination, lifting, pushing, pulling, carrying, and sleeping on the involved side.

Post-op week 5-6

- Achieve full PROM all planes
- Initiate AROM forward elevation in the scapula plane beginning with gravity eliminated positions (supine and side-lying) and progress according to quality of motion (semi-recumbent, sitting and/or standing). Avoid scapula hiking and begin with elbow flexed (short lever arm) and progress to elbow extended.
- Glenohumeral stabilization and rhythmic stabilization exercises in supine for forward elevation, IR/ER (to restore neuromuscular control and proprioception needed for dynamic stability of GH joint).
- Continue week 3-4 program
- Avoid active elbow flexion and supination and maintain lifting restrictions

Post-op week 7

- Begin AROM elbow flexion and forearm supination
- Active forward elevation with thumb-up, “full can” position and progressed to resisted with light dumbbell/band when normal AROM has been achieved without substitution/scapula hike
- Initiate light resistance if normal AROM in these planes without abnormal or substituted movement patterns. Start with 1 lb. dumbbell and elastic band/tubing with least resistance:
 - Side-lying ER/IR
 - Prone extension/row
 - Scapula protraction supine
 - Elastic band/tubing for ER, IR, Extension to neutral, scapula retraction and when ready scapula punches/dynamic hug standing.
- Begin light triceps strengthening
- Progress scapula stabilization exercises

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Post-op week 8-9

- Begin light strengthening of biceps if no symptoms with active elbow flexion
- UBE
- Stretch posterior shoulder/capsule (Sleeper stretch)
- Begin closed chain exercises
- Continue PROM/AAROM exercises all planes as needed all planes
- Progress strengthening program
- Begin appropriate PNF patterns

Post-op week 10-11:

- Progress open and closed chain exercises as appropriate
- Maintain PROM and flexibility
- Begin light functional activity as appropriate and within surgeon's guidelines
 - Return to work considerations
 - Sport specific activity/plyometrics