

## SLAP Repair/ Biceps Tenodesis

- Obtain pain free passive and active ROM with appropriate mechanics
- Diminish early pain and inflammation
- Less assertive therapy produces improved motion, strength, patient satisfaction, and functional outcomes
- If in doubt, LESS is MORE when doing shoulder rehabilitation
- No forceful manual stretching is indicated in any case
- No strengthening or resistance training for three months, unless instructed by the surgeon
- No wall crawl/arm bike for minimum of 12 weeks
- In sling for 6 weeks - may come out at home in a quiet, controlled environment
- No use of involved upper extremity unless directed by the surgeon

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### 0-2 weeks

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Codman's, circumduction only; \*no swaying of the body  
Wrist/hand ROM, light grip strength

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### 2-6 weeks

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PROM:FF 120 degrees passively  
ER 30 degrees passively in scapular plane (gently per pain and per end feel)

Home Program:

Codman's circumduction only; \*no swaying of the body  
Supine passive elevation with wrist grabbing with contralateral hand  
Supine ER with wand in scapular plane 30 degrees

Begin active assisted FF in supine position with wand (with pronated hand) at 3-4 weeks  
No isometrics

*\*At 6-8 week attending surgeon follow-up, the surgeon will be assessing for pain level and passive end feel at this office visit.*

May use recumbent bike for cardiovascular exercise at 5 weeks

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### 7-12 weeks

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PROM:FF 160+ degrees passively  
May start standing active assisted FF with wand depending upon pain level  
Passive 40+ degrees ER in scapular plane, work up to 60 degrees at 90 degrees of abduction based on end feel

\*if dominant side/throwing arm, add 15 +/- degrees to ER in 90 ABD based on end feel  
IR 45 degrees passively in scapular plane  
Initiate use of pulley in sagittal plane only  
~Work to scapular plane only as tolerated by pain  
Scapular sub-pain and submaximal isometrics (shrugs/retraction only)

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### **13-16 weeks**

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A-PROM: FF full passively  
ER as tolerated per pain and per end feel  
Passive IR to full in scapular plane as tolerated per pain and per end feel  
~gently as tolerated per pain and per end feel  
\*NO forceful stretching\*

The patient must have full, PAIN FREE AROM before initiating the following strengthening:

Tband bilateral rows  
Tband triceps extension at 0 degrees of abduction  
Prone rowing starting with 1-2 lb dumbbell weight  
Elbow flexion starting with 1-2 lb dumbbell weight

If the patient tolerated these above exercises WITHOUT ANY PAIN for 1-2 weeks:

Tband IR and ER (start with yellow band)  
Flexion and scaption to 90 degrees starting with 1-2 lb dumbbell weight  
Prone horizontal abduction starting with 1-2 lb dumbbell weight  
Side lying ER starting with 1-2 lb dumbbell weight  
Tband PNF D2 extension (start with yellow band)  
Wall closed-chain progressions

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### **16-24 weeks**

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Continue above strengthening exercises  
May increase 1-2 lb of weight every 10-14 days  
Progress functional strengthening program  
May begin light plyometric program with volleyball or basketball  
May start jogging

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### **6 months +**

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Initiate higher level plyometrics for throwers, spikers, swimmer etc.  
Educate patient on appropriate return to weight lifting program with restrictions as per New West's "Return to Weightlifting Guide" found online  
~never to max out any weights  
Show sport specific Interval Return to Sport Programs found online  
No throwing/golfing/other impact activities for at least 6 months after surgery