

Arthroscopic Shoulder Debridement with Open Biceps Tenodesis Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

PROM limit — Flexion _____°	PROM limit — Abduction _____°	PROM limit — External Rotation _____°
Sling duration _____ wks	AROM initiation _____ wks	No <u>Resisted</u> Elbow Flexion or Supination _____ wks
Other Precautions:		

Parameters above are patient-specific and supersede the general timeframes below. In general, the debridement itself imposes no shoulder motion restriction; pacing is governed primarily by protection of the biceps tenodesis fixation. Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–6	Goals - Protect the biceps tenodesis fixation; control pain and swelling - Maintain full passive/active-assisted shoulder motion — the debridement itself does not require capsular protection - Prevent stiffness at debrided site(s) - Maintain elbow/wrist/hand mobility and initiate scapular awareness	Precautions - Sling per parameters above (typ. 2–4 wks); wean per pain and progress No resisted elbow flexion or forearm supination as above to protect biceps tenodesis - No lifting/carrying with operative arm - Avoid active shoulder extension beyond neutral with elbow extended if subpectoral tenodesis (limits tension at fixation site)	Treatment Focus - Pendulums 2x/day - Therapist-directed PROM/AAROM shoulder all planes (flexion, abduction, ER/IR) — advance as tolerated, no capsular limit - Scapular retraction/protraction isometrics - Submaximal shoulder isometrics, avoiding biceps-loading positions - Passive/gentle active elbow flexion-extension and forearm supination-pronation permitted; avoid resistance - AROM wrist/hand daily; scar/incision management - Ice/modalities PRN pain-swelling
► Advance to Phase 2 when: wound healed, pain controlled, shoulder PROM progressing without sharp pain, tenodesis site non-tender.			
Phase 2 Weeks 6–12	Goals - Discontinue formal biceps precautions; begin active elbow flexion and progressive resisted biceps/supination strengthening - Advance shoulder to full active ROM (AROM = PROM) - Begin rotator cuff and periscapular strengthening	Precautions - Progress resisted elbow flexion/supination gradually starting ≈ wk 6; begin light (e.g., 1 lb) and advance in small increments - No heavy or repetitive overhead load - Progress by response, not calendar — back off if pain spikes at tenodesis site or shoulder	Treatment Focus - AAROM → AROM all planes (pulley, wall walks, cane) as needed - Joint mobilization PRN residual stiffness - Submax → light isotonic cuff work (IR/ER band), 2–3 sets x 10–15 - Closed-chain scapular/rhythmic stabilization drills, 2–3x/wk - Initiate light resisted biceps curls/supination per parameters, low load, high rep - Sleeper/cross-body stretch PRN tightness
► Advance to Phase 3 when: full/near-full AROM achieved, cuff activation pain-free, tenodesis site non-tender with light resisted biceps loading.			

Phase	Goals	Precautions	Treatment Focus
Phase 3 <i>Weeks 12–24</i>	Goals • Restore full shoulder and elbow flexion/supination strength and endurance • Normalize mechanics under load • Functional, work-, or sport-specific preparation	Precautions • Progress load gradually per therapist assessment • Unrestricted lifting generally not cleared before $\approx$ 3 months • Delay heavy overhead/high-demand or eccentric biceps loading until mechanics support them	Treatment Focus • Progressive resisted cuff/scapular/biceps strengthening (band/dumbbell), 2–3 sets x 10–15, advancing load • Closed-chain and rhythmic stabilization progression • Functional, work-, or sport-specific drill introduction • Gradual return to lifting, overhead activity, and impact/contact demands as tolerated • Strength/functional testing at therapist discretion
► Full Release (typically 3–6 months): pain-free full AROM, shoulder and elbow flexion/supination strength $\sim$ symmetric, no compensation, tolerates functional/work/sport demands, cleared by physician.			

Special Considerations

- If a concomitant repair (e.g., rotator cuff or labral repair) was performed rather than isolated debridement, that repaired structure — not the tenodesis — becomes the rate-limiting factor and this protocol should be modified accordingly.
- Return to work and sport are gradual and criteria-based — full release timing above is a general guide, not a fixed endpoint. Mean in literature is $\sim$ 5-6 months.

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.