

SLAP Type II Repair/Biceps Tenodesis/Tenotomy Guidelines

 NMC <small>NORTHWESTERN MEDICAL CENTER</small>	Document Classification	<input type="checkbox"/> Policy <input type="checkbox"/> Procedure <input checked="" type="checkbox"/> Guideline
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Purpose:

Define the process to be followed for all patients referred from Northwestern Orthopedics after the above procedure has been performed.

Target Users:

Treatment will follow the defined guidelines below and be carried out by Physical Therapist, Athletic Trainer and/or Physical Therapy Assistants.

Definitions:

- AROM=Active Range of Motion
- AAROM= Active Assisted Range of Motion
- PROM= Passive Range of Motion
- ER= External Rotation
- IR= Internal Rotation
- PT= Physical Therapist
- SLAP- superior labral tear from anterior to posterior
- Type II: pulls off bicipital attachment and therefore anchor of the long head of the biceps is destabilized
 - Biceps tenodesis- involves detaching the LHB from its superior labrum in the shoulder and reattaching it to the humerus bone just below the shoulder.
 - Biceps tenotomy-procedure the long head of biceps tendon is released from it's attachment in the shoulder joint, allowing it to fall down into the upper arm and out of the shoulder joint.

Guidelines:

Immediate Post Op (Day 1-6 weeks)

Outpatient physical therapy- starts post op day 2-3

Goals: Preserve the integrity of the surgical repair

Minimize pain and edema

Restore ROM

Dressing change: remove post op dressing at first PT session, cleanse and apply band-aids. May shower once dressing is removed.

Edema Control:

Cryocuff/ice
Kinesiotape if indicated
ESTIM if indicated

Sling: remove for ROM

d/c sling for sleep at 2 weeks
wean from sling in daytime at 6 weeks

Pt. Education: wound care, edema control, proper use of sling, no lifting anything heavier than a coffee cup/remote

Precautions:

No resisted shoulder/elbow movement, no resisted forearm supination
Do not push shoulder extension ROM

Suggested Exercises:

Shoulder and elbow PROM all directions to tolerance- do not push shoulder extension
AAROM/AROM- hand, wrist, elbow extension and neck
Elbow flexion AAROM progressing to AROM start gravity assisted and slowly progress to against gravity
Shoulder AAROM progressing to AROM start gravity assisted and progress to against gravity slowly
Begin hand gripping activities
Active and isometric scapular exercises in neutral

If Biceps Tenotomy/Tenodesis ONLY follow Immediate Post –op phase 0-6 weeks then progress as tolerated no further protocol or restrictions.

INTERMEDIATE PHASE: Moderate Protection Phase (Weeks 6-14)

Goals: Restore full ROM
Preserve the integrity of the surgical repair
Restore muscular strength and balance

Weeks 6-10

Edema Control:

Cryocuff/ice
Kinesiotape if indicated
ESTIM if indicated

Suggested Exercises:

Shoulder and elbow PROM all directions to tolerance
Shoulder and elbow isometrics
Shoulder and elbow resistive exercises starting with isometrics and slowly progressing to resistance with weights and or theraband

Week 10-14

Suggested Exercises:

Shoulder stretching to maximize ROM
May initiate more aggressive strengthening as symptoms allow

Initiate strengthening at various angles and patient specific functional strengthening
Progress ER at 90 degrees Abduction (110-115 in throwing athletes)
Progress ROM to functional demands (overhead athletes)

MINIMAL PROTECTION PHASE (Weeks 14-20)

Goals: Maintain full ROM

Improve muscular strength, power and endurance

Gradually return to functional activities

Criteria to enter this phase:

- Full AROM
- Satisfactory stability
- Muscular strength (good grade or better)
- No pain or tenderness

Week 14-16

Suggested Exercises:

Continue all stretching exercises

Maintain Throwers Motion (especially ER)

Continue strengthening exercises

PNF Manual Resistance

Endurance training

Initiate light plyometric program

Restricted sport activities -light swimming, half golf swings

ADVANCED STRENGTHENING PHASE (Weeks 16+)

Goals: Gradual return to sport activities

Maintain strength, mobility and stability

Criteria to enter this phase:

- Full functional ROM
- Satisfactory shoulder stability
- No pain or tenderness

Suggested Exercises:

Gradually progress sport activities to unrestricted participation

Continue stretching and strengthening program

Note Well: *If Biceps Tenotomy/Tenodesis ONLY follow Immediate Post –op phase 0-6 weeks, then progress as tolerated no further protocol or restriction.*

Responsibilities:

Variances will be communicated by the surgeon directly to the rehabilitation staff.

References:

Clinical Orthopedic Rehabilitation a Team Approach

Fourth Edition Giangarra, Charles, Manske, Robert, Brozman S. Brent copyright 2018

