

Henry Ford Health System 6777 W. Maple Rd., West Bloomfield, MI 48322 2825 Livernois, Troy, MI 48083 Ph: 248-661-7029

www.ericmakhnimd.com

PHYSICAL THERAPY PROTOCOL/PRESCRIPTION: BICEPS TENODESIS, DISTAL CLAVICLE EXCISION. SUBACROMIAL DECOMPRESSION

Name:	Date of Surgery:	_
Diagnosis:	Signed:	_
Frequency: 2-3 times per week x 6 weeks		
0-4 Weeks		

- Sling for Comfort.
- May discontinue after 4 weeks
- Passive to Active shoulder ROM as tolerated
 - o 140° Forward Flexion
 - o 40° External Rotation with arm at side
 - o Internal rotation behind back with gentle posterior capsule stretching
 - o No rotation with arm in abduction until 4 wks
- With distal clavicle excision, hold cross body adduction until 8wks.
- Grip Strength, Elbow/Wrist/Hand ROM, Codmans
- Avoid Abduction and 90/90 ER until 8wks
- No resistive elbow flexion until 8 wks.

4-8 Weeks:

- Discontinue Sling
- Advance ROM as tolerated (Goals FF to 160°, ER to 60°)
- Begin Isometric exercises
 - o Progress deltoid isometrics
 - o ER/IR (submaximal) at neutral
- Advance to theraband as tolerated
- No resisted elbow flexion until 8 wks.

8-12 Weeks:

- Advance to full, painless ROM
- Continue strengthening as tolerated
- Begin eccentrically resisted motion and closed chain activities
- Only do strengthening 3times/wk to avoid rotator cuff tendonitis