

POST-OPERATIVE REHABILITATION PROTOCOL

Shoulder Arthroscopy / Biceps Tenodesis

William McLaughlin, MD | Sports Medicine Surgery | Advanced Bone & Joint

Phase 1 | 0-4 Weeks

GOALS FOR THIS PHASE

- Sling for comfort; may discontinue after 4 weeks.
- Achieve passive-to-active forward flexion to 140° and ER at side to 40°.
- Maintain elbow/wrist/hand ROM and grip strength.
- Avoid rotation with arm abducted and resisted elbow flexion.

Immobilization

- Sling for comfort.
- May discontinue sling after 4 weeks.

Range of Motion

- Passive to active shoulder ROM as tolerated.
- 140° forward flexion.
- 40° external rotation with arm at side.
- Internal rotation behind back with gentle posterior capsule stretching.

Precautions

- No rotation with arm in abduction until 4 weeks post-op.
- With distal clavicle excision: hold cross-body adduction until 8 weeks post-op.
- Avoid abduction and 90/90 ER until 8 weeks post-op.
- No resistive elbow flexion until 8 weeks post-op.

Therapeutic Exercises

- Grip strength.
- Elbow/wrist/hand ROM.
- Codman's exercises.

Phase 2 | 4-8 Weeks

GOALS FOR THIS PHASE

- Discontinue sling.
- Advance ROM toward FF 160° and ER 60°.
- Begin isometric and progressive deltoid/cuff strengthening.
- No resisted elbow flexion until 8 weeks post-op.

Immobilization

- Discontinue sling.

Range of Motion

- Advance ROM as tolerated. Goals: FF to 160°, ER to 60°.

Strengthening

- Begin isometric exercises.
- Progress deltoid isometrics.
- ER/IR (submaximal) at neutral.
- Advance to Theraband as tolerated.

Precautions

- No resisted elbow flexion until 8 weeks post-op.

Phase 3 | 8-12 Weeks

GOALS FOR THIS PHASE

- Advance to full, painless ROM.
- Continue strengthening with eccentric and closed-chain progression.
- Limit strengthening to 3x/week to avoid rotator cuff tendonitis.

Range of Motion

- Advance to full, painless ROM.

Strengthening

- Continue strengthening as tolerated.
- Begin eccentrically resisted motion and closed-chain activities.
- Strengthening only 3x/week to avoid rotator cuff tendonitis.

This protocol is a general guideline. Progression is patient-specific and at the discretion of William McLaughlin, MD.