

# Brandon Beamer M.D - *Orthopedic Sports Medicine Specialist*

5317 Golden Foothills Parkway  
El Dorado Hills, CA 95762

Ph: 530-344-2070 / Fax: 530-748-0332 / [www.brandonbeamermd.com](http://www.brandonbeamermd.com)



## Notes:

*\*This protocol is designed to serve as a guide for the rehabilitation process. It is not intended to supersede clinical judgment and decision making. Progression through each phase is designed to allow for maximal tissue healing of repaired tissues and is based on scientific evidence and clinical experience.*

**Estimated Return to Sport:**

### Criterion for Progression:

- 1) No pain or edema/effusion
- 2) Full non-painful AROM
- 3) 5/5 (full strength) rotator cuff strength in neutral

### Phase III – Tissue Remodeling/Hypertrophy Phase (8- 12 weeks)

- Goals:**
- 1) Improve muscular endurance, strength, power
  - 2) Normalize scapulohumeral rhythm
  - 3) Improve neuromuscular control and dynamic stability
  - 4) Progress towards functional overhead activities
  - 5) Protection of the post-surgical shoulder: All exercises and activities to remain non-provocative and low to medium velocity

- Exercise:** PRE Scaption/flexion/abduction<sup>6,7,11</sup>  
Serratus anterior PRE including bear hugs, press plus<sup>6,7,11</sup>  
Supine/standing PNF Diagonals<sup>7,11</sup>  
RC strengthening (progressing to 90 deg abduction)<sup>7,11</sup>  
Rowing<sup>11</sup>  
CKC stabilization – balance board, planks, ball walkouts<sup>11</sup>  
Perturbation training/Rhythmic stabilization<sup>11</sup>
- CV Exercise:** Walking, biking, Stairmaster and running (No swimming, throwing or sports)
- Manual:** PRN

### Criterion for Progression:

- 1) Full strength by MMT rotator cuff strength at 90° abduction in the scapular plane
- 2) Normal scapulo-humeral mechanics with overhead motion
- 3) No apprehension or impingement signs on clinical exam

### Phase IV – Sport Specific Training (weeks 12+)

- Goals:**
- 1) Begin sport specific drills<sup>11</sup>
  - 2) Normalize neuromuscular control<sup>11</sup>
  - 3) Prepare for return to sport<sup>11</sup>

- Exercise:** Sport specific progression (Throwing/Golf/Tennis)  
Plyometric Progression

### Criterion for Return to Sport: (Recommend combination testing of strength, ROM, function, and power according to available resources/clinic setting)

- 1) Modified ASES >90%
- 2) Patient confidence
- 3) Normal scapulohumeral mechanics with OH motion (by visual inspection)
- 4) Satisfactory stability by clinical exam
- 5) No pain during sporting activity (throwing/tennis swing/golf swing)
- 6) Strength measure (1 of 2 options)
  - A: isokinetic testing ER/IR at 30/30/30 at 60/180/300 degrees/sec comparing involved: uninvolved UE and ER/IR ratio
  - B: Handheld dynamometer at 30/30/30 1 rep; hold 5 seconds at midrange
  - C: Functional strength testing (relevant to sport). Consider use of CKCUES test, Single Arm Seated Shot Put Test; Push up test, Modified Pull up tes
- 7) ROM: < 20 degrees difference (or < 10 %) of total rotation compared to uninvolved arm

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## Biceps Tenodesis

### ROM

### Sling

Sling: \_\_\_\_\_ weeks

With sleep: \_\_\_\_\_ weeks

Recommended Clinical Guidelines

**Sling use:** Wean after 4 wks per patient comfort

\*PROM x 0-3 weeks

\*AAROM beginning week 3

\*AROM week 4<sup>4,11</sup>

### ROM:

**0-4 weeks:**

ER to 40 deg

Ext/Horiz Abd= 0 deg

### Precautions

\*Avoid long lever arm flexion range of motion and no resisted forearm supination, elbow flexion or shoulder flexion for 4 weeks

### Phase I – Tissue Protection/Healing Phase ( 0-6 weeks)

**Goals:** 1)Reduce pain and inflammation  
2)Minimize scar adhesion formation, joint stiffness, and muscle atrophy  
3)Protect repaired tissue

**ROM:** PROM to shoulder per MD restriction<sup>4,7,11</sup>

**Exercise:** AAROM/AROM elbow/forearm/wrist/grip (**beginning week 3; avoid resisted elbow flexion and forearm supination**)<sup>11</sup>

AROM scapular squeezes/retraction<sup>11</sup>

AROM shoulder beginning week 4<sup>4,11</sup>

Sub-maximal shoulder isometrics week 3<sup>4,7,11</sup>

Rhythmic stabilization at shoulder/scapula week 3<sup>4,7,11</sup>

**CV Exercise:** Walking, stationary bike—sling per MD.

No treadmill or swimming

Avoid running and jumping due to the distractive forces that can occur at landing

**Manual:** Desensitization techniques for axillary nerve distribution  
Joint mobilization – GH post/inf glides (grades II-IV)<sup>6,11</sup>

**Modalities:** Cryotherapy

Electrical stimulation for pain control – PRN

### Criterion for Progression:

**1)Minimal pain and signs of active inflammation**

**2)80% PROM of opposite shoulder**

**3)Pain free isometric contraction at GH joint**

### Phase II – Tissue Proliferation Phase/Progression Phase (6-8 weeks)

**Goals:** 1) Restore shoulder AROM  
2) Initiate gradual strength progression  
3) Improve dynamic joint stability  
4) Restore scapulohumeral mechanics

**ROM:** AROM per MD restrictions (progress from supine to upright)

**Exercise:** Scapular squeezes

Tube IR/ER at 30 scaption (avoid supination with ER)<sup>7,11</sup>

PRE Active shoulder flexion/abduction/extension<sup>11</sup>

I, T, Y, W in prone<sup>7,11</sup>

Wall push up/Bear Hug (Serratus)<sup>7,11</sup>

Biceps curls with resistance<sup>11</sup>

**CV Exercise:** Walking/stationary bike without using arms (No Airdyne)  
No treadmill, swimming or running

**Manual:** Joint Mobilization GH posterior glides (grades II-IV)<sup>6,11</sup>  
Posterior shoulder stretching<sup>6</sup>