

# 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 active range of motion**
- 3) **5/5 (full strength) rotator cuff strength in neutral**

### **Phase III – Tissue Remodeling/Hypertrophy Phase (4-8 weeks)**

- Goals:**
- 1) Normalized GH/Scapular motor control
  - 2) Strength progression of rotator cuff, biceps, supinator, serratus anterior and lower trapezius strength to MMT = 5/5<sup>11</sup>
  - 3) Improve rotator cuff strength in 90° abduction in the scapular plane <sup>11</sup>
  - 4) 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,)

**Manual:** Posterior and inferior capsule mobilization<sup>6</sup>

### Criterion for Progression:

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

### **Phase IV – Sport Specific Training (weeks 8+)**

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

**Exercise:** Throwing Progression/Golf/Tennis progression  
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 test
- 7) ROM: < 20 degrees difference (or < 10 %) of total rotation compared to uninvolved arm

# 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)



## Biceps Tenotomy

### ROM

### Sling

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

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

**Recommended Clinical Guidelines**

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

**ROM:**  
ROM as tolerated

**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 ( 0-2 weeks)

- Goals:**
- 1)Reduce pain and inflammation
  - 2)Minimize scar adhesion formation and joint stiffness
  - 3)Protect biceps

**ROM:** PROM of elbow flexion/extension<sup>4,7,11</sup>  
PROM forearm supination/pronation <sup>4,7,11</sup>

**Exercise:** PROM/AAROM/AROM shoulder to tolerance<sup>4,11</sup>  
AROM scapular squeezes/retraction<sup>11</sup>  
Sub-maximal shoulder isometrics <sup>4,7,11</sup>  
Rhythmic stabilization at shoulder/scapula <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's)<sup>6,11</sup>

**Modalities:** Cryotherapy  
Electrical stimulation for pain control – PRN

### Criterion for Progression:

- 1)Minimal effusion
- 2)80% PROM of opposite shoulder
- 3)Pain free isometric contraction at GH joint

### Phase II – Tissue Proliferation Phase/Progression Phase (3-4 weeks)

- Goals:**
- 1) Full shoulder AROM and elbow AROM
  - 2) Full rotator cuff strength in a neutral position
  - 3) Begin biceps progressive resistive exercises very gradually
  - 4) Improve dynamic joint stability
  - 5) Improve scapulohumeral mechanics

**ROM:** AROM of elbow and forearm

**Exercises:** Tubing IR/ER at 30 scaption (avoid supination with ER)<sup>7,11</sup>  
PRE Active shoulder flexion/abduction/extension<sup>11</sup>  
T's, Y's, I's W's in prone <sup>7,11</sup>  
Wall push up, bear hug <sup>7,11</sup>  
Biceps curls/supination with progressive resistance(low weight/high repetition)<sup>11</sup>

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

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