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CENTER FOR
Advanced Orthopedics
AND SPORTS MEDICINE



Physical Therapy Prescription – Shoulder Arthroscopy/Biceps Tenodesis

Name: _____ Date: _____

Diagnosis: R / L Shoulder Biceps Tenodesis Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks

PHASE I

Weeks 0-4:

- Sling for Comfort: May discontinue after 4 weeks
- 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
 - 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**

PHASE II

4-8 Weeks:

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

PHASE III

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

Physician Signature: _____

Date: _____

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