<table>
<thead>
<tr>
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<th>EXERCISES/METHODS</th>
</tr>
</thead>
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| Early Post-operative Day 1-week 2 | • Protect and maintain integrity of the repair  
  • Promote healing  
  • Painfree PROM shoulder  
  • Diminish pain and inflammation  
  • Prevent muscle inhibition | • Hand grip, finger AROM  
  • Elbow and wrist AROM (*** No AROM at elbow if BICEPS TENODESIS)  
  • Cervical AROM, UT stretching, chin tucks  
  • Patient Educ: posture, positioning, sling wear, HEP  
  • Modalities: ice, IFC/TENS e-stim  
  • PROM: FF, ABd; IR/ ER (at 30-45 deg ABd), ext  
  • GH joint mobs (Gr. I, II) – Ant, post, distraction  
  • STM to periscap muscles and upper quarter |
| Goals/Restrictions/Milestones:  
  Pain improved  
  ROM Started  
  ***Biceps Tenodesis = No Resisted Elbow Flexion for 6 weeks*** | **Sub-Acute Post-Operative: 2-4 weeks**  
  Protection + Begin AAROM | • Protect and maintain integrity of the repair  
  • Promote healing  
  • Painfree PROM shoulder  
  • Diminish pain and inflammation  
  • Prevent muscle inhibition  
  • Begin AAROM, continue PROM until FULL PROM achieved | • Continue as above  
  • Continue PROM all directions and planes until full  
  • Continue Modalities as needed  
  • Begin AAROM: Wall walks, supine with wand  
  • Pendulums: NO ACTIVE movement  
  • Table Slides – FF, ABd, scaption  
  • Pulleys  
  • Scapular re-education (rhythmic stabilization) in S/L  
  • Scap strength: protraction/retraction, depression/ elevation  
  • NMES (scapular strength, ER isometrics)  
  • Cardio: Walking, stationary biking (with sling)  
  • Aquatic therapy once incisions healed: shoulder AAROM |
| Goals/Restrictions/Milestones:  
  Progressing PROM painfree  
  AAROM well underway | **BRACING/SLING** | • Sling for 6 weeks |
|  | **ROM RESTRICTIONS** | • FF to full  
  • ABd to full  
  • ER to full  
  • IR to belly  
  • Ext to tolerance |
|  | **WEIGHT BEARING** | • 5lbs for 6 weeks  
  • 20 lbs from 6-12 weeks  
  • No AROM at shoulder, no lifting with operated arm  
  • In supine, support arm posteriorly |
|  | **OTHER RESTRICTIONS AND KEY CONSIDERATIONS** | • ***Biceps Tenodesis = No Resisted Elbow Flexion for 6 weeks***  
  • Patient Educ: posture, positioning, sling wear, HEP  
  • Modalities: ice, IFC/TENS e-stim  
  • PROM: FF, ABd; IR/ ER (at 30-45 deg ABd), ext  
  • GH joint mobs (Gr. I, II) – Ant, post, distraction  
  • STM to periscap muscles and upper quarter |
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| **Phase III**  
**Minimal Protection**  
**Week 4-6** | - AAROM->AROM  
- D/C sling  
- Avoid lifting > 5 lbs  
- Resume all ADLs with involved UE  
- Avoid overstressing the repair  
- No supporting body weight with involved hand/arm  
- Avoid excessive extension and IR  
- Minimal post-op pain with ADL’s | - Cont with PROM, AAROM until full ROM achieved  
- Submax isometrics (Flex/ext, Abd/Add, IR/ER)  
- Stretching:  
  - Towel IR stretch  
  - Post. Capsule stretching  
  - UBE – no resistance  
  - Initiate AROM:  
    - ER in S/L  
    - IR, ER in supine or standing  
    - Flex, Abd, Scation to 90 deg (thumb up) – PROGRESS S/L - >SUPINE->STANDING  
  - Prone Rows, Supine Serratus Punches, T-band scap retraction, shrugs  
  - OKC stabilization/propiroception (Supine, S/L) |
| **Goals/Restrictions/Milestones:**  
- Full PROM  
- AAROM is progressing |  |  |
| **Phase IV**  
**Strength and Proprioception**  
**Week 6-8** | Week 7- ok to lift >5 lbs  
Begin overhead activities | - Continue as above  
- Add wts to Standing Shoulder Isotonics if good scapulohumeral rhythm with elevation (no humeral hiking)  
- UBE with resistance  
- Prone scap exercises:  
  - Flexion with thumb up  
  - Abduction at 100 deg thumb up (“Y”)  
  - Horiz Abd with thumb up (“T”)  
  - Ext with max ER/palms down (“I”)  
  - 6 Pack Back  
  - Progress T-Band exercises:  
    - No monies  
    - IR/ER  
  
Rhythmic/Dynamic Stabilization:  
  - PRN D1/D2’s (no resist)  
  - CKC  
  - Wall Ball circles  
  - Wall Push-ups with a plus |  |  |
| **Goals/Restrictions/Milestones:**  
- AAROM is full and pain free  
- AROM is progressing |  |  |

**SHOWERING**
1. May Shower day 1 after surgery  
2. Must “waterproof” surgical site for 5 days after surgery  
3. No submerging wounds for 4 weeks

**WOUND CARE**
1. Remove everything except steri strips the day after surgery  
2. Place clean gauze or op-site on wounds daily for 5 days

**MEDICATIONS**
1. Pain medicine only as needed. Wean off as soon as possible
### Timeline

**Phase V**  
Advanced Strengthening and Proprioception  
**Week 8-12**
- AROM  
- Return to normal light function  
- 20lbs lift restrict  
- Full ADLs

### Goals
- Progress prone scap exercises with wts  
- Proprioception/Stabilization:  
  - Statue of Liberties  
  - Physioball balance  
  - PNF with resistance  
- Begin conventional weight lifting machines  
- UE Plyometrics with rebounder:  
  - Chest pass (no simulated throwing)  
- Begin S/L Eccentrics for Post Cuff (manual resistâ tubing)  
- IR/ER strengthening at 90/90  
- Advanced CKC stability

### Exercises/Methods
- Wk 13 - OH and Serving Sports  
- Wk 13 – Contact Sports  
- Wk 13 – Throwing Sports  
- Wk 10-12 – Swimming  
- Wk 12 – Begin full weight lifting in gym

### Goals/Restrictions/Milestones:
- Full Painfree AROM without shoulder hiking (dysfunctional arc)  
- Full RC strength  
- Demonstrates good control with Plyometrics

### Phase VI
**Return to Sports**  
**Week 12+**
- Wk 13 - OH and Serving Sports  
- Wk 13 – Contact Sports  
- Wk 13 – Throwing Sports  
- Wk 10-12 – Swimming  
- Wk 12 – Begin full weight lifting in gym

### Goals/Restrictions/Milestones:
- To return to full sport activities – must pass return to sport testing

### Showering
1. May Shower day 1 after surgery  
2. Must “waterproof” surgical site for 5 days after surgery  
3. No submerging wounds for 4 weeks

### Wound Care
1. Remove everything except steri strips the day after surgery  
2. Place clean gauze or op-site on wounds daily for 5 days

### Medications
1. Pain medicine only as needed. Wean off as soon as possible