

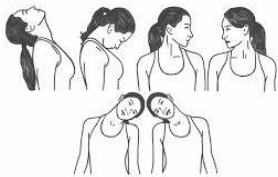
Patient Name: _____

Date of Surgery: _____

Shoulder Arthroscopy & Biceps Tenodesis

You will be required to wear a sling for the first 4 weeks. It is important to avoid any active movement to the shoulder or elbow during this time. During, this period it is important to maintain mobility of the neck and wrist to prevent stiffness. You will be guided on weaning off your sling at your 4 week review appointment with Prof. Moran. It is recommended to arrange an appointment with your physiotherapist 7-10 days post-surgery to aid with mobilisation of the shoulder. The following exercises should be carried out 3-4 times daily.

1. Neck Range of Movement



Turn your head to one side, then the other. Repeat 10-15 times Tilt your head towards one shoulder, then the other.

Repeat 10-15 times.

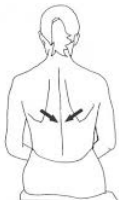
2. Wrist Range of Movement



Move your wrist up and down. Rotate it in circles, clockwise and anti-clockwise.

Repeat 10-15 times.

3. Shoulder Blade Exercise



Keep your arms relaxed. Square your shoulder blades (pull them back and slightly down). Do not let your back arch. Do not let your elbows move backward. Hold for 10seconds.

Repeat 10-15 times.

4. Ball Squeezes



Place a small ball in your hand. Squeeze hard on the ball and hold for 5 seconds then relax.

Repeat 10 times.

Physiotherapy Rehabilitation Guidelines: Shoulder Arthroscopy & Biceps Tenodesis

Phase	Mobilisation	ROM	Exercises / Strengthening	Precautions
Phase 1 Week 0-4	Sling at all times unless specified otherwise	Passive ROM to shoulder	AROM to wrist / Scapula Retractions / Postural Alignment / Scapula Mobilisation / Ball Squeezes Pendular excs	No AROM to the shoulder No AROM to the elbow
Phase 2 Week 4-8	Wean from sling during week 4-5	Progress to AAROM & AROM in all planes	Gentle scar mobilization / AAROM / AROM in all planes / Wand excs / RC Isometrics / Scapula Setting / Retractions / Postural Alignment / Abdominal Activation / GHJ / Scapular mobilisations / Post Capsule Stretch / Sleeper Stretch	ROM within painfree range No resisted biceps curls or resisted supination until 10 weeks+
Phase 3 Week 8+	No immobiliser	Aim for FROM	Progress AROM excs / Rhythmic stabilisation excs / Scapular stabilisation / Wall Slides / Gentle Theraband excs – IR / ER / Subscap strengthening / Push Up series / Proprioceptive excs (gym ball) / Closed Chain excs / Manual mobilization / Pool therapy for ROM / Address the kinetic chain – trunk / lower extremity	No heavy lifting Muscular endurance –low weight, high reps
Phase 4 Week 10+	No immobiliser	FROM	Gentle Theraband excs – IntRotn / ExtRotn / Bicep Curls – light resistance / Resisted supination / pronation – light weight / Humeral head stabilization / Scapular stabilization / Progression of upper extremity strengthening / flexibility (delts, lats, pecs) / Prone Ts & Ys / Prone Rows / Shoulder Press / Lat Pull Downs / Pool therapy / Posterior capsule stretching / Address kinetic chain / trunk / lower extremity	Full pain free ROM / Normal scapulo-humeral rhythm / Avoid wide grip bench press and military press / Avoid excessive stress on anterior capsule
Phase 5 Week 16+	No Immobiliser	FROM	Activity specific plyometrics / Overhead / throwing programme	Aim for symmetrical ROM, strength and endurance of RC and scapula musculature

Note: As everyone progresses at different rates, the rehabilitation programme should focus on criteria based progression, rather than timeline based progression. For each exercise, it is imperative to have consistent sequential progressions. Once the patient / athlete is proficient with execution of a particular exercise, the exercise can be increased in complexity, with emphasis on technique efficiency.

Please contact rehab@cathaljmoran.com if you have any questions.