



SLAP Type II Repair/Biceps Tenodesis/tenotomy Protocol

Applicability: Physician Practices	Date Effective: 1/2017
Department: Rehabilitation Services	Date Last Reviewed / or Date Last Revision: 1/2018
Supersedes: SLAP Type II Repair Protocol (Dr. Beattie)	
Administration Approval: Amy Putnam, VP Physician Services	

Purpose: Define the protocol to be followed for all patients referred from Northwestern Orthopedics after the above procedure has been performed.

Policy Statement: Treatment will follow the defined protocol below and be carried out by Physical Therapist, Athletic Trainer and/or Physical Therapy Assistants.

Background: N/A

Definitions: SLAP- superior labral tear from anterior to posterior
 Type II: pulls off bicipital attachment and therefore anchor of the long head of the biceps is destabilized
 Biceps tenodesis- involves detaching the LHB from it's superior labrum in the shoulder and reattaching it to the humerus bone just below the shoulder.
 Biceps tenotomy-procedure the long head of biceps tendon is released from it's attachment in the shoulder joint, allowing it to fall down into the upper arm and out of the shoulder joint.

Procedure:

Immediate Post Op (Day 1-6 weeks)

Outpatient physical therapy- starts post op day 2-3

Goals: Preserve the integrity of the surgical repair
 Minimize pain and edema
 Restore ROM

Dressing change: remove post op dressing at first PT session, cleanse and apply band-aids. May shower once dressing is removed.

Edema Control:
 Cryocuff/ice
 Kinesiotape if indicated
 ESTIM if indicated

Sling: remove for ROM
 d/c sling for sleep at 2 weeks
 wean from sling in daytime at 4 weeks

Pt. Education: wound care, edema control, proper use of sling, no lifting anything heavier than a



coffee cup/remote

Precautions:

No resisted shoulder/elbow movement, no resisted forearm supination
Do not push shoulder extension ROM

Suggested Exercises:

Shoulder and elbow PROM all directions to tolerance- do not push shoulder extension
AAROM/AROM- hand, wrist, elbow extension and neck
Elbow flexion AAROM progressing to AROM start gravity assisted and slowly progress to
against gravity
Shoulder AAROM progressing to AROM start gravity assisted and progress to against
gravity slowly
Begin hand gripping activities
Active and isometric scapular exercises in neutral

***If Biceps Tenotomy/Tenodesis ONLY follow Immediate Post –op phase 0-6 weeks then progress
as tolerated no further protocol or restrictions.***

INTERMEDIATE PHASE: Moderate Protection Phase (Weeks 6-14)

Goals: Restore full ROM

Preserve the integrity of the surgical repair
Restore muscular strength and balance

Weeks 6-10

Edema Control:

Cryocuff/ice
Kinesiotape if indicated
ESTIM if indicated

Suggested Exercises:

Shoulder and elbow PROM all directions to tolerance
Shoulder and elbow isometrics
Shoulder and elbow resistive exercises starting with isometrics and slowly progressing to
resistance with weights and or theraband
Scapular strengthening and stabilization activities

Week 10-14

Suggested Exercises:

Shoulder stretching to maximize ROM
May initiate more aggressive strengthening as symptoms allow
Initiate strengthening at various angles and patient specific functional strengthening
Progress ER at 90 degrees Abduction (110-115 in throwing athletes)
Progress ROM to functional demands (overhead athletes)

MINIMAL PROTECTION PHASE (Weeks 14-20)

Goals: Maintain full ROM



Improve muscular strength, power and endurance
Gradually return to functional activities

Criteria to enter this phase:

- Full AROM
- Satisfactory stability
- Muscular strength (good grade or better)
- No pain or tenderness

Week 14-16

Suggested Exercises:

Continue all stretching exercises
Maintain Throwers Motion (especially ER)
Continue strengthening exercises
PNF Manual Resistance
Endurance training
Initiate light plyometric program
Restricted sport activities -light swimming, half golf swings

ADVANCED STRENGTHENING PHASE (Weeks 16+)

Goals: Gradual return to sport activities
Maintain strength, mobility and stability

Criteria to enter this phase:

- Full functional ROM
- Satisfactory shoulder stability
- No pain or tenderness

Suggested Exercises:

Gradually progress sport activities to unrestrictive participation
Continue stretching and strengthening program

Note Well: Variances will be communicated by the surgeon directly to Rehabilitation Services. *If Biceps Tenotomy/Tenodesis ONLY follow Immediate Post –op phase 0-6 weeks then progress as tolerated no further protocol or restriction.*

Monitoring Plan: Rehab Chart Audit

Related Policies: N/A

References: N/A

Reviewers: Rehab and Ortho

- A. Key Stakeholders:** Michael Barnum, Ortho Medical Director
- B. Committees:** N/A
- C. Key Process Owner (KPO):** Kristy Cushing, Manager Rehab Services. Karen Staniels
Director of Ortho and Rehab

Not part of policy: [ADD Key words for policy search if end user didn't know the name]