



## SLAP Type II Repair/Biceps Tenodesis/tenotomy Protocol

<b>Applicability:</b> Physician Practices	<b>Date Effective:</b> 1/2017
<b>Department:</b> Rehabilitation Services	<b>Date Last Reviewed / or Date Last Revision:</b> 1/2017
<b>Supersedes:</b> SLAP Type II Repair Protocol (Dr. Beattie)	
<b>Administration Approval:</b> 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

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