

ELBOW S/P LOOSE BODY REMOVAL PROTOCOL

This rehabilitation protocol has been developed for the patient following a tenodesis (reattachment) of the long head of the biceps tendon surgery. This protocol will vary in length and aggressiveness depending on factors such as:

- Quality of the repaired biceps tendon tissue
- Presence of additional procedures such as shoulder arthroscopy
- Degree of shoulder instability or weakness or deconditioning prior to surgery
- Acute versus chronic condition
- Length of time immobilized
- Strength/pain/swelling/range of motion status
- Rehabilitation goals and expectations

Early passive range of motion is highly beneficial to enhance circulation within the joint to promote healing. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances. The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain, inflammation, and swelling
- Regain normal upper extremity strength and endurance
- Regain normal shoulder range of motion
- Achieve the level of function based on the orthopedic and patient goals

Physical therapy should be initiated after the first week post-op. The supervised rehabilitation program is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility. **Important post-op signs** to monitor:

- Swelling of the arm or shoulder and surrounding soft tissue
- Abnormal pain response, hypersensitivity, increasing night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature
- Improper mechanics or scapular dyskinesia
- Core and peri-scapular strength deficits

Return to activity requires both time and clinical evaluation. To safely and most efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness

return to activity. Return to intense activities following a biceps tenodesis requires both a period of time to allow for tissue healing along with a graduated strengthening and range of motion program. Symptoms such as pain or swelling should be closely monitored by the patient and therapist. Specific exercises may be added, substituted, or modified where clinically appropriate by experienced sports/shoulder therapists or trainers who have expertise in the care of post-operative tendon repair procedures. While patients may be "cleared" to resume full activities at 6+ months following surgery, additional time spent in full activity or sport participation is often necessary to achieve maximal recovery.

LOOSE BODY REMOVAL PROTOCOL

PHASE 1: WEEK 1-2

PRECAUTIONS

- Elbow immobilized in posterior splint at 60° elbow flexion for 1st 2 weeks
- No active elbow extension 6 weeks

ROM

- Gradual ↑ Active/Passive ROM of shoulder in all planes while in splint
- Wrist/hand/finger full AROM in splint

STRENGTH

- Scapular retractions
- Shoulder shrugs

MODALITIES

- Hot pack before treatment
- E-stim, TENS as needed
- Ice 10-15 minutes after treatment

GOALS OF PHASE 1

- Control pain and inflammation
- Protect repair
- Independent in HEP

PHASE 2: WEEK 3-6

PRECAUTIONS

- Elbow placed in a *hinged ROM brace* allowing 30°-60°
- *Brace* to be worn at all times except during exercise or bathing
- *Passive* ROM ONLY for elbow extension

ROM

- Hinged Brace Range of Motion Progression (ROM progression may be adjusted base on Surgeon's assessment of the surgical repair.)
 - Week 2-3: 30°-60°
 - Week 4-5: 15°-90°
 - Week 6-7: 10°-110°
 - Week 8: 0°-125°
- Forearm: Initiate AAROM pronation and supination
- Progress to active pronation and supination (wk 4)
- Shoulder AROM as needed in brace

STRENGTH (in brace)

- Isometric shoulder exercises
- Supine/standing rhythmic stabilizations

- Wrist/hand: grip strengthening
- Standing flexion and scaption
- Side-lying ER
- Isometric biceps pain free (week 6)

MANUAL

- Scar mobilization
- Passive elbow extension
- Joint mobs as needed

MODALITIES

- Heat/hot pack before therapy
- US to incision as needed
- Ice 10-15 minutes

GOALS OF PHASE 2

- Protection of repair
- Gradual increase in ROM
- Initiate strengthening to surrounding tissues
- Improve scapular stability

PHASE 3: WEEK 7-12

ROM

- Week 8 progress to full ROM of elbow; discontinue brace if adequate motor control
- Initiate UBE light resistance
- Exercises
 - Ball roll outs on table
 - Wall walk
 - Pulley

STRENGTH

- Tricep/elbow extension progression
 - 6 weeks: initiate AROM
 - 8 weeks: initiate light theraband resistance
- Theraband IR/ER shoulder
- Theraband bicep extension
- Prone dumbbell therex
- Rhythmic stabilization

MANUAL

- Passive elbow extension if lacking
- Joint mobs as needed to regain full flexion
- Week 10: Passive or contract relax to gain full flexion if still lacking

MODALITIES

- Ice 10-15 minutes

GOALS OF PHASE 3

- Reach full ROM
- Initiate loading to repair
- Enhance neuromuscular control
- Pain free ADLs

PHASE 4: WEEK 12+

STRENGTH:

- Progress strengthening program with increase in resistance and high speed repetition
- Bicep curls with dumbbells
- Initiate IR/ER exercises at 90° abduction
- Progress rhythmic stabilization activities to include standing PNF patterns with tubing
- Initiate plyotoss – double arm progress to single arm
- Initiate sport specific drills and functional activities
- Initiate interval throwing program week 16-20
- Initiate light upper body plyometric program week 16-20
- Progress isokinetics to 90° abduction at high speeds

MODALITIES

- Ice 15-20 minutes

GOALS OF PHASE 4

- Full painless ROM
- Maximize upper extremity strength and endurance
- Maximize neuromuscular control
- Optimize shoulder mechanics/kinematics
- Optimize core stability
- Initiate sports specific training/functional training