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Post-Operative Rehabilitation Protocol:

Arthroscopic Shoulder Lysis of Adhesions / Manipulation under Anesthesia (LOA/MUA) or Capsular Release with Small Rotator Cuff Repair and/or Biceps Tenodesis

It is important to start physical therapy within a few days after surgery (if not the next day). It is suggested to continue therapy three times per week, with supplemental home exercise program to progress ROM when not in supervised physical therapy.

Phase I: Immediately Post-Operative (Day 1- 2 weeks)

Goals	 Maximize PROM and begin light AROM immediately after surgery Minimize pain with use of therapeutic interventions
Precautions/ Sling Use	Sling use will be determined by the surgeon after the procedure. Sling use can vary depending on the amount of damage. Typically: LOA/MUA or capsular release with biceps tenodesis- no sling or sling for 4 weeks LOA/MUA or capsular release with rotator cuff repair (with or without biceps tenodesis)- sling use for 6 weeks when not working on ROM Be cautious not to overload ER with biceps tenodesis procedure or forward flexion with rotator cuff procedure
Range of Motion	 Begin AAROM with cane and pulley exercises Avoid active elbow flexion and forearm supination with biceps tenodesis procedure Continue to increase ROM as tolerated to restore full PROM, begin light AROM

Strengthening	Peri-scapular strengthening
	Avoid resistive biceps exercises with biceps tenodesis procedure
	 No elbow flexion or forearm supination against resistance
	Avoid IR/ER resistance exercises with rotator cuff repair procedure
Home Instructions	Keep surgical dressings clean and dry
	Change surgical bandages on the 2 nd day after surgery (keep covered until first clinic visit)
	• Can bathe on the 2 nd day after surgery (do not scrub, soak, or submerge the incisions)
	Continue DVT prophylaxis (prevention for blood clots) as instructed by your surgeon
	Adhere to your surgeon's recommendations about sling use (dependent on procedure)

Phase 2: (2-6 weeks post-operative)

Goals		nimize pain estore full ROM
Precautions/ Sling Use	• Be	ay discontinue sling at 4 or 6 weeks per the surgeon's instruction (specific to procedure) cautious not to overload ER with biceps tenodesis procedure or forward flexion with sator cuff procedure
Range of Motion	• Co	aintain full PROM ontinue gentle AROM and progress as tolerated to restore full ROM ontinue to use modalities as applicable in order to assist with motion increases
Streng	thening	 Begin shoulder isometric exercises progressing to isotonic exercises Continue per-scapular exercises
Instr	Home uctions	 Can submerge incision in water after first post-op visit only when incision is completely healed Continue to work on ROM at home on days not in physical therapy Discontinue sling as directed by the surgeon

Phase 3: (7-12 weeks post-operative)

Goals	 Minimize pain Restore full AROM and PROM Continue to use modalities as applicable
Precautions/ Sling Use	No sling use beyond 6 weeks post-op
Range of Motion	Maintain full PROMRestore full AROM
Strengthening	 Begin light resistive tubing/band/weight exercises, progressing slowing through week 12 Begin prone I's, Y's, T's exercises Begin resistive biceps loading at week 10 Continue to improve peri-scapular strengthening exercises
Home Instructions	 Can submerge incision in water after first post-op visit only when incision is completely healed Continue to work on ROM at home to restore full ROM Avoid overstressing the biceps (avoid loading until week 10)

Phase 4: (12+ weeks post-operative)

Goals	 Maintain full ROM Restore shoulder and peri-scapular strength Restore neuromuscular control of shoulder muscles
Precautions/ Sling Use	No sling use beyond 6 weeks post-op
Range of Motion	Maintain full ROM
Strengthening	 Increase resistive shoulder exercises to include dynamic stabilization and heavier resistive exercises Progress resistive exercises gradually (.5kg/10 days) until normal strength is restored Include neuromuscular control exercises such as D1 and D2 patterns with resistance

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