Post-Operative Rehabilitation Protocol
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 <u>with biceps tenodesis</u>- no sling or sling for 4 weeks
	    ○ LOA/MUA or capsular release <u>with rotator cuff repair (with or without biceps tenodesis)</u>- 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 2nd day after surgery (keep covered until first clinic visit) • Can bathe on the 2nd 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	• Minimize pain • Restore full ROM
Precautions/ Sling Use	• May discontinue sling at 4 or 6 weeks per the surgeon's instruction (specific to procedure) • Be cautious not to overload ER with biceps tenodesis procedure or forward flexion with rotator cuff procedure
Range of Motion	• Maintain full PROM • Continue gentle AROM and progress as tolerated to restore full ROM • Continue to use modalities as applicable in order to assist with motion increases

Strengthening	• Begin shoulder isometric exercises progressing to isotonic exercises • Continue per-scapular 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 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 PROM • Restore 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