



**Phase I (Weeks 0-4)**

- Sling immobilization with supporting abduction pillow to be worn at all times except for showering and rehab under guidance of PT
- **Range of Motion** – True Passive Range of Motion Only to Patient Tolerance
  - Goals: 140° Forward Flexion, 40° External Rotation with elbow at side, 60-80° Abduction without rotation, Limit Internal Rotation to 40° with the shoulder in the 60-80° abducted position
  - Maintain elbow at or anterior to mid-axillary line when patient is supine
- **Therapeutic Exercise** – No canes or pulleys during this phase
  - Codman Exercises/Pendulums
  - Elbow/Wrist/Hand Range of Motion and Grip Strengthening
  - Isometric Scapular Stabilization
- Heat/Ice before and after PT sessions

**Phase II (Weeks 4-8)**

- **Discontinue sling immobilization**
- **Range of Motion**
  - **4-6 weeks:** Gentle passive stretch to reach ROM goals from Phase I
  - **6-8 weeks:** Begin AAROM  AROM as tolerated
- **Therapeutic Exercise**
  - **4-6 weeks:** Being gentle AAROM exercises (supine position), gentle joint mobilizations (grades I and II), continue with Phase I exercises
  - **6-8 weeks:** Progress to active exercises with resistance, shoulder flexion with trunk flexed to 45° in upright position, begin deltoid and biceps strengthening\*\*
- Modalities per PT discretion

**Phase III (Weeks 8-12)**

- **Range of Motion** – Progress to full AROM without discomfort
- **Therapeutic Exercise**
  - Continue with scapular strengthening
  - Continue and progress with Phase II exercises
  - Begin Internal/External Rotation Isometrics
  - Stretch posterior capsule when arm is warmed-up
- Modalities per PT discretion

**Phase IV (Months 3-6)**

- **Range of Motion** – Full without discomfort
- **Therapeutic Exercise** – Advance strengthening as tolerated: isometrics -> therabands -> light weights (1-5 lbs),
  - 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizers
  - Return to sports at 6 months if approved
- Modalities per PT discretion

**Comments:**

**\*\*IF BICEPS TENODESIS WAS PERFORMED - NO BICEPS STRENGTHENING UNTIL 8 WEEKS POST-OP**

**Frequency:** \_\_\_\_\_ **times per week**      **Duration:** \_\_\_\_\_ **weeks**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Diagnosis**

\_\_\_\_\_  
**Date of Surgery**