

Rehabilitation Protocol: Biceps Tendinopathy / SLAP Tears – Non-Operative

Phases are based on **symptom irritability**, not time. Limit overloading of the biceps tendon and activities that increase pain or swelling throughout. No limits on lower extremity or core training that does not stress the shoulder. Please contact our office with any questions or concerns.

☐ Phase I – Acute / High to Moderate Irritability

- **Treatment**
 - Education: condition, activity modification, posture, work ergonomics, HEP compliance
 - Soft tissue and joint mobilization; taping as needed
 - PROM/AROM; posterior capsule stretching (cross-body, sleeper, lat stretch); self-myofascial release; thoracic mobility
 - Postural training; bilateral scapulohumeral rhythm training; bilateral and closed chain rhythmic stabilization
 - Periscapular strengthening (mid/lower trapezius); rotator cuff as tolerated; LE/core
 - Modalities as needed: cryotherapy, laser; consider BFR
- **Criteria to Progress:** Minimal irritability; functional ROM; normal scapulohumeral rhythm below 90° elevation

☐ Phase II – Sub-Acute / Moderate to Low Irritability

- **Treatment**
 - Continue manual therapy, flexibility, and self-myofascial release
 - Postural endurance; scapulohumeral rhythm training; open and closed chain rhythmic stabilization
 - Progress periscapular, PNF, and rotator cuff strengthening
 - **Biceps tendon loading** as able and tolerated
 - Functional training; modalities/BFR as needed
- **Criteria to Progress:** Full shoulder ROM; normal scapulohumeral rhythm above 90° elevation; rotator cuff strength 5/5; limited pain as activity increases

☐ Phase III – Chronic / Low to No Irritability

- **Treatment**
 - Unilateral, multiplanar scapulohumeral rhythm training; OKC/CKC rhythmic stabilization; PNF
 - Progress exercise intensity; full kinetic chain strengthening
 - Multiplanar functional training above 90° elevation with load; cardiovascular conditioning
- **Criteria for Discharge:** Minimal pain as activity increases; UE strength 5/5 in all planes; neuromuscular control through full ROM

☐ Phase IV – Return to Sport (if applicable)

- **Treatment**
 - Sport-specific strengthening, endurance, and plyometric progression; adequate rest and recovery
- **Return to Sport:** Sport-specific readiness (strength, endurance, isokinetic testing as available); physician clearance