

Biceps Tenodesis – Rehab Protocol

- Brace: Use of the sling required for up to 4 weeks postoperatively.
- Avoid active elbow flexion AROM for 4 weeks
- No strengthening of the biceps for 6 weeks

PHASES & TIME LINES	REHABILITATION GUIDELINES	GOALS
<p style="text-align: center;">Phase I 0 – 2 Weeks</p>	<ul style="list-style-type: none"> • Shoulder pendulum hang exercises • PROM elbow flexion/extension and forearm supination/pronation • AROM wrist/hand • Begin shoulder PROM in all planes to tolerance/do not force any painful motion • Modalities: Electrical stimulation/muscle re-education, Pain/edema mgmt (cryotherapy) • Scapular retraction and clock exercises for scapula mobility progressed to scapular isometric exercises • Ball squeezes • Patient education regarding postural awareness, joint protection, positioning, hygiene, etc. • May return to computer based work with keyboard in lap 	<ul style="list-style-type: none"> • Pain/Edema control • Achieve gradual restoration of PROM • Enhance/ensure adequate scapular function
<p style="text-align: center;">Phase II 4-6/8 Weeks</p>	<ul style="list-style-type: none"> • Begin gentle scar massage and use of scar pad for anterior axillary incision • Progress shoulder PROM to AAROM and AROM all planes to tolerance • Lawn chair progression for shoulder • Active elbow flexion/extension and forearm supination/pronation (no resistance) • Glenohumeral, scapulothoracic, and trunk joint mobilizations as indicated (Grade I-IV) when ROM is significantly less than expected • Begin incorporating posterior capsular stretching as indicated • Cross body adduction stretch • Side lying internal rotation stretch (sleeper stretch) • Continued cryotherapy for pain and inflammation • Continues patient education regarding postural awareness, joint protection, positioning, hygiene, etc. 	<ul style="list-style-type: none"> • Pain/Edema control • Achieve gradual restoration of AROM • Begin light waist level functional activities • Wean out of sling
<p style="text-align: center;">Phase III 6/8-10 Weeks</p>	<ul style="list-style-type: none"> • Continue A/PROM of shoulder and elbow as needed/indicated • Initiate biceps curls with light resistance, progress as 	<ul style="list-style-type: none"> • Normalize strength, endurance, neuromuscular

	<p>tolerated</p> <ul style="list-style-type: none"> • Initiate resisted supination/pronation • Begin rhythmic stabilization drills • External rotation/Internal rotation in the scapular plane • Flexion/extension and abduction/adduction at various angles of elevation • Initiate balanced strengthening program • Initiate full can scapular plane raises with good mechanics • Initiate ER strengthening using exercise tubing at 30* of abduction • Initiate side lying ER with towel roll • Initiate manual resistance ER supine in scapular plane (light resistance) • Initiate prone rowing at 30/45/90 degrees of abduction in neutral arm position • Begin subscapularis strengthening to focus on both upper and lower segments • Push up plus (wall, counter, knees on floor, floor) • Cross body diagonals with resistive tubing • IR resistive band (0/45/90 degrees of abduction) • Forward punch • Continue cryotherapy for pain and inflammation as needed 	<p>control</p> <ul style="list-style-type: none"> • Return to chest level full functional activities •
<p>Phase IV 10 weeks</p>	<ul style="list-style-type: none"> • Continue all exercises listed above • Progress isotonic strengthening if patient demonstrates no compensatory strategies, is not painful, and has no residual soreness • Strengthening overhead if ROM and strength below 90 degree elevation is good • Continue shoulder stretching and strengthening at least four times per week • Progressive return to upper extremity weight lifting program emphasizing the larger, primary upper extremity muscles (deltoid, latissimus dorsi, pectoralis major) • Start with relatively light weight and high repetitions • May initiate pre-injury level activities/vigorous sports if appropriate/cleared by MD 	<ul style="list-style-type: none"> • Maintain full non-painful AROM • Return to full strenuous activities • Return to full recreational activities