

Biceps Tenodesis Post-op Protocol

This protocol is intended to be a general outline only. The physician reserves the right to either advance or delay this protocol as deemed necessary. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form given to the patient on the day of surgery.

0-4 Weeks Post-Op: Patient to be seen 2-3x/week

Guidelines:

No isolated biceps activation
Use of Ultrasling 4 weeks
No use of operative arm for lifting, pushing or pulling of objects
Keep incisions clean and dry until told by physician to get wet
No massage directly over operative area
Ice several times/day for control of pain and inflammation

Goals:

Decrease pain, protect repair. Achieve gradual PROM – prohibit elbow hyperextension or overstretching.
Promote scapular mobility

At Week 1:

Pendulum exercises, shoulder shrugs, scapular retraction, scapular depression.
PROM elbow flexion/extension, wrist supination/pronation, AROM hand exercises (ball squeezes).
Begin light aerobic exercise (bike, walk) while wearing sling for cardiovascular fitness.

At Week 2:

Shoulder pulley exercises for AAROM in planes of flexion and scaption
PROM all shoulder planes, within pain tolerance
Scapular isometrics, lawnmowers, table lifts

At Week 4:

Discontinue Ultrasling.
Submaximal (50% effort) isometrics for shoulder musculature in standing or supine and progress.
Scapular mobilization in sidelying to promote proper scapulohumeral rhythm
Prone shoulder retraction and extension to neutral
Core strengthening exercises as indicated to promote proximal stability
Scar massage once wound is healed to avoid adhesions.

Week 5-9: Patient seen 2-3x/week

Precautions: NO lifting, pushing, or pulling.

Goals: Full shoulder and elbow ROM.

- Begin gradual AROM below the shoulder at 8 weeks and above the shoulder at 12 weeks.
- Light weight functional activities at waist level may begin at 8 weeks
- Continue above exercises,
- At Week 6, begin sidelying ER to 30° without weights
- At Week 8, add towel stretch or sidelying sleeper stretch for IR ROM
- At Week 8, begin prone middle trap and lower trap strengthening exercises
- When full PROM is achieved, begin AROM through full ranges of motion in gravity-neutral positions. Progress to anti-gravity exercises at 12 weeks.
- At 8 weeks: wall walking exercises for flexion and abduction
- At 9 weeks: Tubing exercises for shoulder retraction and IR at side
- At 9 weeks: Scapular setting exercises: closed-chain weight shifting on table, rhythmic stabilization, quadruped scapular sets
- At 9 weeks: Supine serratus anterior punches

Week 10 – 16 weeks: Patient seen 1 – 2 x / week

Precautions: Avoid excessive capsular stretch/stress

Goals: Maintain Full AROM with good scapulohumeral rhythm. Improved deltoid and rotator cuff strength.

- At 10 weeks: Begin light resistance with bicep curls – progress as tolerated
- At 10 weeks: Begin resisted supination / pronation exercises
- At 12 weeks: Begin rhythmic stabilization exercises of ER, IR in the scapular plane.
- Add resistance to ER – sidelying ER AROM with weight, ER with tubing in standing
- At 12 weeks: Closed-chain ball circles on wall at shoulder height
- At 12 weeks: Progressive weights with standing shoulder AROM
- At 12 weeks: PNF D1 and D2 diagonal AROM, Bodyblade
- At 12 weeks: Tubing or pulley resisted flexion, horizontal abduction/adduction, lat pull downs
- At 12 weeks: Add UE plyometric exercises with balls

Week 16 and Beyond:

- Facilitate return to weightlifting equipment for bilateral upper extremities with progressive weights
- Progress closed-chain activity and bicep curls as tolerated
- For racquet sports, initiate functional pattern exercises with tubing, pulley, free weights, etc.

Guidelines for Return to ADL's

Patient may return to work and sport activities involving lifting around Five months post-op, depending on the patient's specific task requirements. Patient must achieve full rotator cuff, deltoid, and periscapular strength and demonstrate ability to perform work duties or sport activities without pain and with proper form.

Long-Term Contraindications

- No incline or wide grip flat bench press for 1 year
- No shoulder dips for 1 year
- No military press for 1 year