


## *Biceps Tenodesis Protocol*

**\*Refer to physical therapy referral for specific instructions related to patient progression\***  
**Make sure to go by the rotator cuff repair protocol as well if a rotator cuff repair was also done.**

### *Phase 1 (weeks 0-6): Protection*

Rehabilitation Goals:	<ul style="list-style-type: none"> <li>• Protect surgical repair</li> <li>• Patient education</li> <li>• Pain/swelling control</li> <li>• Safely and gradually restore PROM</li> </ul>
Sling:	<ul style="list-style-type: none"> <li>• 24 hours/day except when performing prescribed home exercises and dressing/showering (If careful, the sling can be removed while sitting and watching TV, etc.)</li> </ul>
Hygiene:	<ul style="list-style-type: none"> <li>• Original dressing removed POD-2</li> <li>• Allow steri strips to come off on their own</li> <li>• Patient may shower normally, no need to keep steri-strips dry. Allow the strips to fall off on their own. Do not lift arm in shower. Once dry, return to wearing sling.</li> </ul>
Interventions:	<p>Modalities:</p> <ul style="list-style-type: none"> <li>• Ice (10-20 minutes every waking hour during acute phase)</li> </ul> <p>Therapeutic Exercise:</p> <ul style="list-style-type: none"> <li>• Pendulums</li> </ul>  <ul style="list-style-type: none"> <li>• No active biceps for 6 weeks. (No supination and flexion)</li> <li>• Scapular AROM</li> <li>• Upper trap stretching</li> <li>• Submax pain free resisted isometrics to begin at 4 wks p/o (ER/IR/ABD/ADD) – depending on rotator cuff status</li> </ul> <p>PROM:</p> <ul style="list-style-type: none"> <li>• Scapular plane elevation, ER/IR in scapular plane</li> <li>• Limit ER to 40 degrees x 4 wks and then progress per patient tolerance</li> </ul>
Precautions:	<ul style="list-style-type: none"> <li>• No active biceps for 6 weeks</li> <li>• No AROM supination, elbow flexion, or shoulder flexion</li> <li>• No lifting/carrying</li> <li>• Avoid activities where there is a high-risk of falling</li> </ul>

***Phase 2 (weeks 6-12): Controlled Motion***

<b>Rehabilitation Goals:</b>	<ul style="list-style-type: none"> <li>• Continue to protect surgical repair</li> <li>• Minimize pain</li> <li>• ROM progression (Full AROM)</li> <li>• Full RC Strength in neutral week 6</li> </ul>
<b>Sling:</b>	<ul style="list-style-type: none"> <li>• May begin to transition out of sling at 6 wks p/o</li> <li>• (Patients may wish to sleep in sling and wear in public for a few more weeks for comfort and protection)</li> </ul>
<b>Interventions:</b>	<p>Modalities:</p> <ul style="list-style-type: none"> <li>• CP, MHP, and ESTIM as needed for pain/swelling control</li> <li>• May begin NMES to posterior cuff if needed at 8 wks.</li> </ul> <p>ROM/Mobility:</p> <ul style="list-style-type: none"> <li>• Theraband IR and ER exercises <ul style="list-style-type: none"> <li>○ Ensure patient is not supinating first 8 weeks</li> <li>○ Progress IR/ER at 90 degrees of ABD after 8 weeks</li> </ul> </li> <li>• Flexion in prone, horizontal ABD in prone, full can extension, D1 &amp; D2 diagonals while standing after 8 weeks post-op.</li> <li>• Cervical spine and scapular AROM</li> </ul> <p>Strengthening:</p> <ul style="list-style-type: none"> <li>• Dynamic stability drills</li> <li>• Rhythmic stabilization</li> <li>• Stationary bike first 8 weeks</li> </ul>
<b>Precautions:</b>	<ul style="list-style-type: none"> <li>• No lifting/carrying</li> <li>• Avoid long lever arm flexion AROM weeks 6-8</li> <li>• Avoid resisted forearm supination, elbow flexion, and shoulder flexion weeks 6-8.</li> <li>• Avoid activities with high-risk for falling</li> </ul>

***Phase 3 (weeks 12+): Strengthening***

<b>Rehabilitation Goals:</b>	<ul style="list-style-type: none"> <li>• Continue to protect surgical repair</li> <li>• Minimize pain</li> <li>• Improve shoulder strength, power and endurance</li> <li>• Full multi-plane AROM</li> </ul>
<b>Interventions:</b>	<p>Modalities:</p> <ul style="list-style-type: none"> <li>• CP, MHP, and ESTIM as needed for pain/swelling control</li> </ul> <p>ROM/Mobility:</p> <ul style="list-style-type: none"> <li>• Restore full shoulder mobility</li> <li>• Posterior glides if posterior capsule tightness is present</li> </ul> <p>Strengthening:</p> <ul style="list-style-type: none"> <li>• Dumbbell and medicine ball exercises that incorporate trunk rotation and control with RC strengthening at 90 degrees ABD.</li> <li>• Begin working towards more functional activities by emphasizing core and hip strength and control with shoulder exercises.</li> <li>• Theraband, cable column, and dumbbell in IR and ER in 90 degrees of ABD.</li> <li>• Rowing</li> <li>• Higher velocity strengthening and control.</li> <li>• Walking, biking, running</li> </ul>