



Biceps Tenodesis Post-operative Rehabilitation Protocol

Phase 1: 0-2 weeks post-operatively

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| Goals | <ul style="list-style-type: none"> • Protect repair • Minimize pain • Minimize swelling • Begin passive range of motion exercises, NO active extremity ROM |
| Sling use/ precautions | <ul style="list-style-type: none"> • Sling for 3-4 weeks after surgery to be determined by surgeon • Must sleep in sling for first 3 weeks |
| Range of Motion | <ul style="list-style-type: none"> • Avoid resisted elbow flexion/forearm supination for first 6 weeks <ul style="list-style-type: none"> ○ Elbow PROM flexion/extension and forearm supination/pronation • NO active external rotation, extension or abduction for 4-6 weeks • Scapulothoracic AROM in all planes • Passive and gentle active assisted ROM exercises <ul style="list-style-type: none"> ○ Pendulums ○ Flexion and scaption to 90° ○ ER to 40° for first 4 weeks ○ IR to 45° |
| Strengthening | <ul style="list-style-type: none"> • Submaximal isometrics for glenohumeral and scapular musculature • Work on scapular stabilization • Arm immobilized seated scapular retraction • Hand gripping exercises – utilize red ball on sling |
| Home Instructions | <ul style="list-style-type: none"> • Keep surgical dressings clean and dry • Change surgical bandages on the 2nd day after surgery (keep covered until first clinic visit) • Can bathe on the 2nd day after surgery (do not scrub, soak, or submerge the incisions) • Remove arm from sling only for writing, typing, hygiene and gentle ROM exercises (pendulums) • Take Aspirin (or other DVT medication) for 2 weeks after surgery • Plan to start physical therapy after 2 week follow up appointment <p>Criterion to progress to Phase II :</p> <ul style="list-style-type: none"> • Full passive shoulder ROM • Full passive elbow ROM • Full passive forearm supination/pronation |

Phase 2: 3-6 weeks post-op

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| Goals | <ul style="list-style-type: none"> • Protect repair • Minimize pain • Minimize swelling |
| Sling use/ precautions | <ul style="list-style-type: none"> • Can discontinue sling at the discretion of the surgeon |
| Range of Motion | <p>Weeks 3-4 post-op</p> <ul style="list-style-type: none"> • No biceps tension for 6 weeks • No ER to 40° • Progress from passive range of motion to active as tolerated • Can do scar massage- no cross friction <p>Weeks 5-6 post-op</p> <ul style="list-style-type: none"> • Flexion and scaption to 145° (can progress further if tolerated) • ER to 50° • IR to 60° • Initiate limited AROM/AAROM of shoulder to 90° flexion/abduction • Begin AROM supination with no resistance/elbow flexed <ul style="list-style-type: none"> ○ NO biceps loading until week 10 <p><i>*full ROM should be achieved at 8-10 weeks</i></p> |
| Strengthening | <ul style="list-style-type: none"> • Initiate scapulothoracic isometrics • Initiate submaximal shoulder isometrics to include IR, ER, ABD, & ADD <p>Criterion to progress to phase 3:</p> <ul style="list-style-type: none"> • Pain-free, full shoulder, elbow flexion and extension, and forearm supination and pronation AROM • Dynamic scapular control with AROM |

Phase 3: 7-12 weeks post-op

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| Goals | <ul style="list-style-type: none"> • Progress/maintain full restoration of AROM • After week 8, can return to biking, running, Stairmaster, golf with proper kinematics |
| Sling Use | <ul style="list-style-type: none"> • Discontinue sling as directed by surgeon |
| Range of Motion | <ul style="list-style-type: none"> • Continue PROM to AROM of shoulder and elbow • NO biceps loading until week 10 <p>Weeks 7-12 post-op</p> <ul style="list-style-type: none"> • Resisted IR and ER at 30° ABD progressing to 90° • Slowly and cautiously progress resisted biceps curl, supination, pronation |

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| Strengthening | <ul style="list-style-type: none"> • Gain muscle endurance with high reps, low resistance • Isotonic IR and ER light resistance resisted movement with wrist in neutral (no supination) • Supine ABC and SA punches with high reps, low resistance • At week 6, begin prone scapular stability program <p>Weeks 7-12 post-op</p> <ul style="list-style-type: none"> • Progress prone Scap 6 to Supine 5 • Resisted SA punch and bear hugs while standing • Resisted low row, prone 30°/45°/90° to standing • Push-up plus: wall, counter, knees on floor, and floor • Rhythmic stabilization <ul style="list-style-type: none"> ○ ER & IR in scapular plane ○ Flexion, extension, ABD & ADD at various angles of elevation • Supine to standing diagonal patterns; D1 & D2 • Resisted biceps curl, supination, and pronation • Begin closed chain stabilization exercises <p>Criterion to progress to Phase 4:</p> <ul style="list-style-type: none"> • Pain-free, full AROM of shoulder and elbow with normal scapulohumeral rhythm • 5/5 MMT for RTC 90° ABD in scapular plane • 5/5 MMT for scapulothoracic musculature |
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Phase 4: Weeks 12+

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| Goals | <ul style="list-style-type: none"> • Return to Sport/Activity • Maintain full non-painful AROM • Progress strength and power without having to compensate • Progress higher level slowly as tolerated by patient • Return to sports progression: throwing/swimming |
| Sling Use | <ul style="list-style-type: none"> • None |
| Range of Motion | <ul style="list-style-type: none"> • Maintain full active range of motion |
| Strengthening | <ul style="list-style-type: none"> • Continue as above • Initiate plyometric training below shoulder to overhead: begin with both arms and progress to a single arm • Low to higher velocity strengthening and plyometric activities: ball drops in prone to D2 reverse throws <p>Criterion to return to sports/activity:</p> <ul style="list-style-type: none"> • Pain-free, stability & control with higher velocity movements including sport specific patterns and change of direction movements • Proper kinematic control transfer from the hip & core to the shoulder with dynamic movement |

For any questions about operative details or rehabilitation guidelines, please contact the respective surgeon's Athletic Trainer at the contact information found at this link: <https://med.virginia.edu/orthopaedic-surgery/orthopaedic-divisions/sports-medicine/protocols/>