

Biceps Tenodesis Protocol

Biceps tenodesis with/without subacromial decompression and/or rc débridement

POST-OP

0-6 Weeks

Sling immobilization (3-6 weeks per MD), avoid biceps tension for 6 weeks to protect the repair. PROM to tolerance in all shoulder directions, but limit ER to 40 degrees and avoid extension and horizontal abduction past body neutral for the first 4 weeks.

1. Gentle active AROM and AAROM for the elbow and wrist
2. Pain free passive ROM into shoulder flexion, abduction, internal rotation, and external rotation.
3. Hand gripping and strengthening
4. Cervical spine and scapular ROM and activation
5. Begin sub-maximal shoulder isometrics at Week 3 for IR, ER, abduction, and adduction
6. May do bike and walking with SLING ON

Goal: Protection of the repair and activation of the stabilizer muscles

6-8 Weeks

This phase may include gradual progression of bicep resistive exercises:

Avoid any heavy load or long lever activation, avoid PROM of ER and abduction of the shoulder in combination.

1. Shoulder AROM within tolerance, continue PROM as needed for improving ROM
2. Scapular squeezes and manual resistance
3. IR and ER TB resistance in neutral position (avoid forearm supination in conjunction)
4. Continue gripping and ball squeeze exercises

Goal: Full AROM and good RC strength in neutral position

8-12 Weeks

Exercises should remain non-irritating to the shoulder and continue low-medium velocity speeds. Avoid throwing, swimming, or sports; reduce chance of activities that include high risk of falling.

1. Manual posterior glides if tightness is present in the capsule
2. Prone shoulder flexion, horizontal abduction, and extension
3. Standing D1/D2 diagonal patterns
4. May begin IR/ER strengthening in 90 degrees of abduction at low resistance
5. Rowing strengthening
6. Rhythmic stabilization, CKC stabilization in narrow BOS position
7. May begin running and Stairmaster if no pain persists

Goal: Full AROM in all planes with good scapulohumeral rhythm, 5/5 RC strength at 90 degrees of abduction and peri-scapular strength.

12-20 Weeks

Progress gradually to exercises that are provocative in nature beginning with low velocity movement.

1. Continue posterior glides if needed
2. Continue to progress strengthening of RC at 90 degrees of abduction, including more resistance and trunk rotation.
3. Move toward more functional activities to include core and hip strength in conjunction with shoulder strengthening.
4. Begin to incorporate higher velocity activities (Plyo's and rapid TB drills with good control)

Goal: Good stability with high velocity movements and change of direction

20+ Weeks

Begin working toward more sport specific activities and movement patterns

1. Initiate throwing program (if necessary), overhead racquet activities, and swimming
2. Higher velocity training, more dynamic control for the shoulder

Goal: No apprehension or instability with high velocity movements, improved core and overall body strength. May return to sport after clearance by Ortho Surgeon and Physical Therapist