

**Biceps Tenodesis – Rehab Protocol**

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

PHASES & TIME LINES	REHABILITATION GUIDELINES	GOALS
<p>Phase II 4-6 Weeks</p>	<ul style="list-style-type: none"> <li>• Begin gentle scar massage and use of scar pad for anterior axillary incision</li> <li>• Progress shoulder PROM to AAROM and AROM all planes to tolerance</li> <li>• Lawn chair progression for shoulder</li> <li>• Active elbow flexion/extension and forearm supination/pronation (no resistance)</li> <li>• Glenohumeral, scapulothoracic, and trunk joint mobilizations as indicated (Grade I-IV) when ROM is significantly less than expected</li> <li>• Begin incorporating posterior capsular stretching as indicated</li> <li>• Cross body adduction stretch</li> <li>• Side lying internal rotation stretch (sleeper stretch)</li> <li>• Continued cryotherapy for pain and inflammation</li> <li>• Continues patient education regarding postural awareness, joint protection, positioning, hygiene, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Pain/Edema control</li> <li>• Achieve gradual restoration of AROM</li> <li>• Begin light waist level functional activities</li> <li>• Wean out of sling</li> </ul>
<p>Phase III 6-12 Weeks</p>	<ul style="list-style-type: none"> <li>• Continue A/PROM of shoulder and elbow as needed/indicated</li> <li>• Initiate biceps curls with light resistance, progress as tolerated</li> <li>• Initiate resisted supination/pronation</li> <li>• Begin rhythmic stabilization drills</li> <li>• External rotation/Internal rotation in the scapular plane</li> <li>• Flexion/extension and abduction/adduction at various angles of elevation</li> <li>• Initiate balanced strengthening program</li> <li>• Initiate full can scapular plane raises with good mechanics</li> <li>• Initiate ER strengthening using exercise tubing at 30* of abduction</li> <li>• Initiate side lying ER with towel roll</li> <li>• Initiate manual resistance ER supine in scapular plane (light resistance)</li> <li>• Initiate prone rowing at 30/45/90 degrees of abduction in neutral arm position</li> </ul>	<ul style="list-style-type: none"> <li>• Normalize strength, endurance, neuromuscular control</li> <li>• Return to chest level full functional activities</li> <li>•</li> </ul>

	<ul style="list-style-type: none"> <li>• Begin subscapularis strengthening to focus on both upper and lower segments</li> <li>• Push up plus (wall, counter, knees on floor, floor)</li> <li>• Cross body diagonals with resistive tubing</li> <li>• IR resistive band (0/45/90 degrees of abduction)</li> <li>• Forward punch</li> <li>• Continue cryotherapy for pain and inflammation as needed</li> </ul>	
<p>Phase IV &gt;12 weeks</p>	<ul style="list-style-type: none"> <li>• Continue all exercises listed above</li> <li>• Progress isotonic strengthening if patient demonstrates no compensatory strategies, is not painful, and has no residual soreness</li> <li>• Strengthening overhead if ROM and strength below 90 degree elevation is good</li> <li>• Continue shoulder stretching and strengthening at least four times per week</li> <li>• Progressive return to upper extremity weight lifting program emphasizing the larger, primary upper extremity muscles (deltoid, latissimus dorsi, pectoralis major)</li> <li>• Start with relatively light weight and high repetitions</li> <li>• May initiate pre-injury level activities/vigorous sports if appropriate/cleared by MD</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain full non-painful AROM</li> <li>• Return to full strenuous activities</li> <li>• Return to full recreational activities</li> </ul>