

Postoperative Rehabilitation Protocol for Biceps Tenodesis

**Patient will wear a simple sling for 4 weeks postoperatively*

**Unless otherwise specified, do not begin PT until patient has been seen for 2-week postoperative visit*

Postoperative weeks 0-4

- May discontinue sling after 4 weeks
- Passive to Active shoulder ROM as tolerated
 - 140 degrees forward flexion
 - 40 degrees ER with arm at side
 - IR behind back with gentle posterior capsule stretching
 - *No rotation with arm in abduction until 4 weeks*
- With distal clavicle excision, hold cross body adduction until 8 weeks
- Grip strength for Elbow, Wrist, and hand. ROM; Codmans
- Avoid abduction and 90/90 ER until 8 weeks
- No resistive elbow flexion until 8 weeks

Postoperative weeks 4-8

- Discontinue sling
- Advance ROM as tolerated (goals: FF to 160; ER to 60)
- Begin isometric exercises
 - Progress Deltoid isometrics
 - ER/IR (submaximal) at neutral abduction
- Advance to Theraband as tolerated
- No resisted elbow flexion until 8 weeks

Postoperative weeks 8-12

- Advance to full, painless ROM
- Continue strengthening as tolerated
- Begin eccentrically resisted motion and closed chain activities
- Only do strengthening 3x / week to avoid rotator cuff tendinitis

Postoperative weeks 12+

- Initiate plyometric training below shoulder level to overhead. Begin with both arms and progress to single arm
- Low to higher velocity strengthening and plyometric activities: ball drops in prone to D2 reverse throws
- Criteria to return to sports / activity
 - Pain-free stability and control with higher velocity movements including sport-specific patterns and change of direction movements
 - Proper kinematic control transfer from the core to the shoulder with dynamic movement