

## BICEPS TENODESIS Physical Therapy Protocol

Patient Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Procedure: Right / Left Shoulder Biceps Tenodesis

\*\*\*Associated osseous procedure (circled if applicable):

Distal Clavicle Resection: If this was done, avoid cross-body adduction x 8 weeks.

Acromioplasty: If this was done, avoid shoulder abduction x 6 weeks.

\_\_\_\_ Evaluate and Treat

Provide patient with home exercise program

Frequency: \_\_\_\_\_\_ x/week x \_\_\_\_\_ weeks

Phase I (0-4 weeks): Period of protection: In general, sling should be worn at all times during this phase (except for hygiene and PT). Avoid resisted elbow motions until 4 weeks.

• Weeks 0-1: No formal PT.

Sling at all times (except for hygiene and pendulums).

Home exercises only (pendulums, elbow + wrist ROM, grip strengthening).

### • Weeks 1-4: Begin formal PT (2-3 x/week).

Sling at all times (except for hygiene and PT).

ROM:

- Shoulder: PROM → AAROM → AROM as tolerated, without restrictions (unless acromioplasty and/or distal clavicle resections (see above).
  - Goals: full AROM if possible.
  - Elbow: PROM → AAROM → AROM (*flex/ext/sup/pron*) as tolerated (*but NO resistance*).
    ■Goals: full passive ROM (*flex/ext*).
  - Heat before, Ice after. Modalities as per PT discretion.
- Strengthening: NO RESISTED ELBOW MOTIONS UNTIL >4 WEEKS POST-OP
  - Grip strengthening OK.



#### Phase II (4-12 weeks): Advance motion out of the sling and begin maintenance strengthening.

### D/C sling if cleared by MD

ROM: Advance AROM for elbow and shoulder in all directions (depending on other

- *procedures see below)*, with passive stretching at end ranges.
- If distal clavicle resection done, may begin crossed-chest adduction after 8 weeks; if acromioplasty done, may begin abduction after 6 weeks.
- Goals: full AROM elbow and shoulder by 3 months.

Strengthening (only 3x/week to avoid cuff tendonitis):

• @ 6 weeks, start periscapular and cuff/deltoid isometrics at side; progress to bands as tolerated.

# Phase III (3-12 months): Begin more aggressive strengthening and progress to

### sport-specific/occupation-specific rehab.

**ROM:** Aggressive passive stretching at end ranges. Advance to full active ROM if not already achieved.

### Strengthening/Activities:

Continue cuff/deltoid/periscapular strengthening:

- Advance as tolerated from isometrics  $\rightarrow$  bands  $\rightarrow$  light weights (1-5l bs) w/8-12 reps x 2-3 sets for cuff, deltoid, scapular stabilizers (Only do this 3x/wk to avoid cuff tendonitis).
- Begin eccentrically resisted motions, plyometrics (weighted ball toss), proprioception (body blade).
- Sports-related rehab and advanced conditioning.
  - @ 4.5 months, throw from the pitcher's mound.
  - @ 6 months, return to collision sports (hockey, football, etc.).

### • Work:

• Can resume heavy labor once full-strength/MMI achieved (usually by 6-12 months).

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient \_\_\_\_\_ would \_\_\_\_\_ would not benefit from social services.

Physician Name: \_\_\_\_\_\_

Date:

