

Biceps Tenodesis Protocol

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The "No Active Biceps" Rule

To protect the surgical fixation (whether a subpectoral or suprapectoral tenodesis), the following rule is mandatory for the first **4 weeks**:

- **No Active Elbow Flexion:** Do not use the biceps muscle to lift the forearm.
- **No Active Forearm Supination:** Do not "palm up" the hand against any resistance.
- **No Heavy Reaching:** Avoid reaching into the backseat of a car or pulling heavy doors.

Phase I: Immediate Post-Operative / Protection (Weeks 0–2)

Goals: Protect the tenodesis site, maintain joint mobility, and prevent shoulder stiffness.

- **Sling Use:** * Discontinue as tolerated for comfort during sedentary activities.
 - Wear for protection in crowds or when walking long distances.
- **Range of Motion: Shoulder AROM, Elbow AAROM, Forearm PROM**
- **Exercises:**
 - **Pendulums:** Use for warm-up 3 to 4 times daily.
 - **Distal AROM:** Full active wrist and hand movement; grip strengthening (squeeze ball) 3 times daily.
 - **Scapular Setting:** Retractions and shrugs (10-second holds) to maintain postural stability.

Phase II: Early Active Phase (Weeks 2–6)

Goals: Discontinue sling and initiate active elbow movement without resistance.

- **Sling:** Discontinue completely.
- **Motion Progression:**
 - **Active Elbow ROM:** Begin **Active** elbow flexion and extension **without resistance**.
 - **Active Forearm ROM:** Full active supination and pronation.
 - **Shoulder AROM:** Continue to progress to full active shoulder range of motion in all planes.
- **Strengthening (Non-Biceps):**
 - **Rotator Cuff:** Submaximal isometrics and light resistance (yellow bands) for Internal and External Rotation.
 - **Scapular Stability:** Seated rows and "punch" exercises (serratus anterior) with very light resistance.
- **Precaution:** Strictly avoid any lifting heavier than a coffee cup with the operative arm.

Phase III: Controlled Loading & Strengthening (Weeks 6–12)

Goals: Gradual loading of the biceps tendon and restoration of upper extremity strength.

- **Biceps Loading (Typically Week 8+):**
 - **Initial:** Begin light biceps curls (start with 1 to 2 pounds).
 - **Supination:** Resisted forearm supination with light bands.
- **Advanced Strengthening:**
 - **Weight Training:** Transition to gym-based machines (Seated Row, Lat Pulldowns—front only).
 - **Horizontal Loading:** "Bear Hug" exercises and standing forward punches with resistance.
- **Precautions:** Keep hands within eyesight and elbows bent during heavy lifts. **No Military Press**, pull-downs behind the head, or wide-grip bench press until after week 12.

Phase IV: Advanced Training & Return to Sport (Weeks 12–20+)

Goals: Return to high-level athletics and heavy manual labor.

- **Return to Activities Timeline:**
 - **Computer Work:** 1 to 2 weeks.
 - **Golf:** 8 weeks (Chipping/Putting); 12 weeks (Full Swing).

- **Tennis:** 12 to 16 weeks.
- **Contact Sports:** 4 to 6 months.
- **Functional Drills:**
 - Initiate sport-specific movements (tossing a ball, swinging a club) at 50 percent effort, progressing to 100 percent by week 20.
 - **Plyometrics:** Medicine ball chest passes and overhead reaches (Week 16+).

Clinical Pearls for the Therapist

1. **Strict Elbow AAROM:** In Phase I, ensure the patient is using the other arm to move the elbow. Any early active "helping" by the operative biceps can stress the fresh anchor.
2. **Early Shoulder AROM:** Encouraging active shoulder movement in Phase I is critical to preventing secondary adhesive capsulitis, as long as the elbow remains assisted.
3. **The "Popeye" Check:** Monitor the contour of the biceps. If there is a sudden change in muscle shape or a significant "knot" appears lower in the arm, notify the surgeon immediately.