
Biceps Tenodesis Post-Operative Rehabilitation Protocol Illinois Bone & Joint Institute

The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone a Biceps Tenodesis. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon

Phase 1: **Time Frame:** 0-4 weeks

Immobilization: Sling / Immobilizer x 4 weeks. Remove for therapeutic exercises, general hygiene and when awake, alert and in safe environment (i.e. sitting on couch watching TV).

Restrictions: No biceps tension for 6 weeks to protect repaired tissues. This includes avoiding long lever arm flexion range of motion and no resisted forearm supination, elbow flexion or shoulder supination.

Exercises: Gripping exercises, wrist and finger ROM. Passive and Active Assist Elbow Flexion. Shoulder A/AAROM in line with restrictions starting with slow, small pendulum exercises. Utilize modalities as needed. Instruct patient on HEP to perform twice daily.

Phase 2: **Time Frame:** 4-8 weeks

Immobilization: None

Restrictions: No biceps tension for 6 weeks to protect repaired tissues. This includes avoiding long lever arm flexion range of motion and no resisted forearm supination, elbow flexion or shoulder supination.

Exercises: Gradually increases ROM exercises adding elbow AROM at 4 weeks with arm at side. Also at 4 weeks add scapular squeezes (retraction) and isometric strengthening initially with arms at side (IR, ER, scapular stabilization). Patient may advance to resistance strengthening with bands at 6 weeks post-operatively avoiding stress on biceps (i.e. avoid pulling exercises). Modalities used as needed.

Phase 3: **Time Frame:** 8-12 weeks

Immobilization: None

Restrictions: No specific exercise needs to be avoided; however, exercise advancement should be gradual and in slow increments while avoiding pain. If patient develops pain, drop back to early phase of rehabilitation, until pain free.

Exercises: Continue with shoulder PROM and AROM (Goal is 85% or greater of normal PROM by 12 weeks). Continue with shoulder strengthening with advancement to exercises with arms away from body. At 8 weeks patient may gradually add exercises that place stress on the biceps (i.e. resisted elbow flexion/supination).

Phase 4: **Time Frame:** 12+ weeks

Immobilization: None

Restrictions: No specific restrictions. Patients ROM, strength and endurance should be advanced progressively while avoiding pain.

Exercises: ROM should be returning to normal; if not, continue to address with stretching and a HEP. Progressive upper-body strengthening may be more aggressive after 12 weeks. Add plyometric training for athletes at 12 weeks. Add exercises simulating work requirements or sport at 14 weeks. Consider work conditioning program at 22 weeks based on patient's job requirements and patient motivation.