

## ***Biceps Tenodesis Rehabilitation Protocol***

- **Precautions**
  - Sling for 4-6 weeks
  - No heavy object lifting overhead, no jerking/sudden motions
  - Do not use shoulder in sitting or rising for 6 weeks
  - No active biceps contraction for 6 weeks, no resisted biceps contraction for 12 weeks
  - Okay for elbow, wrist, hand range of motion (ROM)
- **Weeks 0-2 (Protection Phase)**
  - Goals: prevent stiffness, decrease swelling/inflammation, and protect fixation
  - Begin gentle shoulder ROM
    - Pendulums
    - Rope and pulley (non-painful arc of motion)
    - L-bar exercises (elevation in scapular plane and ER/IR beginning at 30 deg abduction and progressing to 45 deg abduction)
    - Shoulder passive ROM flexion to 90 deg; ER, IR, and abduction to 45 deg
  - No strengthening exercises yet
  - Modalities as needed for muscle stimulation, pain control, swelling control
- **Weeks 2-6 (Early Motion Phase)**
  - Goals: improved swelling and pain, increase ROM
  - Continue above ROM exercises, as tolerated, no restrictions on degrees of motion
  - Okay to initiate isotonic (no weight) strengthening
  - Emphasize importance of home exercise program
  - Modalities as needed for muscle stimulation, pain control, swelling control
- **Weeks 6-12 (Late Motion and Early Strengthening Phase)**
  - Goals: improved swelling and pain, increase ROM, begin strengthening
  - Continue progression ROM as needed
  - Begin periscapular strengthening
  - Okay to initiate active biceps contraction, but no weight
  - Once full or nearly full ROM obtained, begin active strengthening of the shoulder; this should begin at very low weights (1-2 lbs. of weight or resistance and advance accordingly); again, the biceps should not be loaded, but can actively contract if needed
  - Emphasize importance of home exercise program
- **Weeks 12+ (Late Strengthening and Return to Function/Activity)**
  - Goals: increase strength, return to work, sport, and/or pre-injury functional level with minimal to no restrictions
  - Begin active biceps contraction, starting at very low weight and gradual progression
  - Continue improving shoulder ROM and strength, as needed
  - Work on improving functional/ADL tasks as needed
  - Functional/work-specific/sport strengthening and training, if applicable
  - Customized HEP to continue once PT/OT is completed

