Dr. MacLea

Postoperative Rehabilitation Protocol for

Biceps Tenodesis



Patient will wear a simple sling for 4 weeks postoperatively.

Unless otherwise specified, do not begin physical therapy until patient has been seen for 2-week postoperative visit.

Postoperative weeks 0-4

PRECUATIONS/RESTRICTIONS

• May discontinue sling after 4 weeks

RANGE OF MOTION

- 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

PRECUATIONS/RESTRICTIONS

• Discontinue sling

RANGE OF MOTION

Advance ROM as tolerated (goals: FF to 160; ER to 60)

STRENGTHENING

- Begin isometric exercises
 - Progress Deltoid isometrics
 - o ER/IR (submaximal) at neutral abduction
- Advance to Theraband as tolerated
- No resisted elbow flexion until 8 weeks

Postoperative weeks 8-12

RANGE OF MOTION

• Advance to full, painless ROM

STRENGTHENING

- 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+

STRENGTHENING

- 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 sportspecific patterns and change of direction movements
 - Proper kinematic control transfer from the core to the shoulder with dynamic movement