

Rehabilitation Protocol for Biceps Tenodesis



Dr. Feinstein

Phase 1: 1-4 Weeks

- Sling for 4 weeks; may remove for sedentary activity when comfortable
- Shoulder: Progress ROM as tolerated without restrictions; PROM → AA → AROM as strength allows
 - Encourage HEP to regain full motion; **NO SHOULDER MOTION RESTRICTIONS**
 - Begin gentle scapular retraction and shoulder shrugs
- Elbow: PROM → AAROM → AROM **without resistance**.
 - This gives biceps tendon time to heal into new insertion site on humerus without being stressed
 - **Instruct patient to avoid weight bearing activity on operative extremity**
- Wrist and hand ROM; grip strengthening
- No resisted motions until after 4 weeks
- ROM goals: Full shoulder AROM; full passive/assisted elbow ROM

Phase 2: 4-12 Weeks

- Discontinue sling
- If shoulder ROM lacking, increase to full with gentle passive stretching at end ranges
- Continue AROM for elbow in all directions with passive stretching at end ranges to maintain or increase biceps/elbow flexibility and ROM
- At 4 weeks, begin light isometrics with arm at side for rotator cuff and deltoid; can advance to bands as tolerated at week 6
- At 6 weeks, begin scapular strengthening
- At 6 weeks begin **light** resistive biceps strengthening

Phase 3: 3-12 Months

- Only do strengthening 3 times a week to avoid rotator cuff tendonitis
- Begin UE ergometer
- Begin eccentrically resisted motions, plyometrics (ex weighted ball toss), proprioception (ex body blade), and closed chain exercises
- Begin sports related rehab at 3 months, including advanced conditioning
- Return to throwing and begin swimming at 3 months
- Throw from pitcher's mound at 4 1/2 months

*If you have any problems or questions,
please call your doctor's office (8am-5pm).*

Answering service for after hours.

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