

FOX VALLEY ORTHOPEDICS
PROXIMAL BICEPS TENODESIS PROTOCOL

Concomitant surgical interventions should take precedence over the tenodesis procedure if they include rotator cuff repair, SLAP or Bankart repair, total shoulder replacement and hemiarthroplasty.

All surgeons: Start PT day 2-7

PHASE 1

Day 2 - week 3 post op

Goals- Graft protection, pain and edema reduction.

- Use of sling or immobilizer for 3 weeks postoperatively. Sleep with sling, as needed, avoid hyperextension
- No AROM of shoulder or lifting of objects with operative shoulder.
- Gentle AROM of elbow
- Limit forceful end range elbow extension
- PROM for shoulder ER to 20 degrees; or until gentle end feel
- Keep incisions clean and dry. No friction massage to proximal biceps tendon / tenodesis site.
- May return to light computer based work out of sling

Physical Therapy

- Pendulum exercises avoiding full elbow extension
- PROM of shoulder, all planes, within end feel tolerance. Avoid forceful PROM and initially ER > 20.
- PROM of elbow; avoid end range elbow extension until 4 weeks
- PROM forearm supination and pronation
Initiate elbow AAROM by week 3
- Joint mobilization for SCJ, ACJ, and scapula
- Initiate scapular retraction and clock exercises
- Initiate shoulder isometrics for extension and IR.
Avoid isometrics for shoulder flexion and elbow flexion.

PROXIMAL BICEPS TENODESIS PROTOCOL**PHASE TWO****Week 4-6 postoperatively**

Goals- restoration of shoulder and elbow AROM

- No lifting, pushing, pulling

Physical Therapy

- Continue shoulder PROM to end-range tolerance all planes
- Shoulder AAROM and AROM all planes as tolerated
Pulleys, wand exercises, wall washing UBE for ROM
Standing shoulder flexion, scaption, ABD without resistance
- AROM of elbow and forearm
- Posterior capsule stretching
- Scar management including X-Friction massage, Kinesio tape.
- Joint mobilizations for SCJ, ACJ, scapula, and GHJ
- No resistance strengthening of elbow or shoulder

PHASE THREE**Week 7-9**

Goals- restoration of strength, endurance, and neuromuscular control of upper extremity

- Functional exercise to chest level
- Avoid beginning weighted exercises in a given plane until patient achieves near full AROM & strength in that plane

Physical Therapy

- Continue PROM / AROM of shoulder and elbow as necessary for restoration of full AROM; avoid end-range ER (allow to return through normal use)
- Initiate biceps curls with light resistance; progress per patient tolerance
- Initiate resisted supination / pronation
- Incorporate strengthening exercises for shoulder, all planes
Standing flexion, scaption, ABD
Scapular strengthening in prone, press up with plus, rows
Cable column or tubing for shoulder IR, ER

- Begin manual resistance strengthening
- Rhythmic stabilization of shoulder PNF patterns

3

PROXIMAL BICEPS TENODESIS PROTOCOL

PHASE FOUR

Week 10-12+

Goals- return to work activities and recreational activities as directed by physician

- Avoid excessive anterior capsular stress
- With weight lifting avoid military press and wide grip bench press and chest press below plane of body

Physical Therapy

- Continue PROM as necessary (with exception of end-range ER as indicated above)
- Continue PNF strengthening with additional resistance as tolerated
- Continue to progress strength and endurance training of shoulder and scapula to restore full upper extremity functional use
- Initiate closed chain exercises with body weight
- Incorporate sports specific exercises as directed by physician

**Adapted from Atlanta Sports Medicine

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