

Biceps Tenodesis Protocol

Recommendations:

- Sling is suggested for 2 - 3 weeks.
- No resistive elbow flexion for 6 weeks.
- This procedure is often performed in combination with other procedures. Usually the other surgical procedure's protocol will take precedence. The clinician will need to enforce no resistive elbow flexion work for 6 weeks.

Post-Op Protocol:

0 - 2 Weeks:

1. PROM(Passive Range of Motion) to tolerance shoulder and elbow. Avoid aggressive stretching into elbow extension.
2. AROM(Active Range of Motion) wrist and hand.
3. Multi-angle isometrics (submax) – no elbow flexion isometrics.

2 - 4 Weeks:

- Patient should have full pre-operative shoulder and elbow PROM by 2-3 weeks.
1. Begin rotator cuff exercises (active progressing to resistive).
 2. Begin scapulothoracic exercises.
 3. Gentle rhythmic stabilization with hand contacts proximal to elbow.

4 - 6 Weeks:

1. Progress rotator cuff and scapulothoracic exercises.
2. UBE for ROM (light resistance).

6 - 8 Weeks:

1. Begin resistive elbow flexion exercises.
2. Initiate manual resistive exercises including PNF techniques.

8 – 12 Weeks:

- Equal strength, bilaterally, by 12 weeks.
 - Emphasize concepts of frequency, duration and intensity of training.
1. Progress PRE's as tolerated.
 2. Begin low-level plyometric progression including 2-hand plyoback ball toss, ball dribbling, etc.
 3. Initiate sport-specific activities including interval golf program, racquet strokes, etc.

Protocol developed in conjunction with the Shoulder and Elbow Center at OrthoCarolina