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ORTHOPAEDIC SURGERY | SPORTS MEDICINE

Rehabilitation Protocol: Biceps Tenodesis

Precautions

Distal Clavicle Excision	- Hold horizontal cross body adduction until 8 weeks
Biceps Tenodesis	- Limit active elbow flexion of biceps beyond 90 deg & limit eccentric loads on biceps for 6 wks postop - Avoid abduction and 90/90 ER until 8 wks - No resisted elbow flexion until 8 wks

Phase I: 0-4 weeks

- Sling for Comfort.
  - May discontinue after 4 weeks
- Passive to Active shoulder ROM as tolerated
  - 140 deg Forward Flexion
  - 40 deg External Rotation with arm at side
  - Internal rotation behind back with gentle posterior capsule stretching
- No rotation with arm in abduction until 4 wks
  - With distal clavicle excision, hold cross body adduction until 8wks.
  - Grip Strength, Elbow/Wrist/Hand ROM, Codmans
  - Avoid Abduction and 90/90 ER until 8wks
  - No resistive elbow flexion until 8 wks

Phase II: 4-8 weeks

- Discontinue Sling
  - Advance ROM as tolerated (Goals FF to 160∞, ER to 60∞)
  - Begin Isometric exercises
  - Progress deltoid isometrics
  - ER/IR (submaximal) at neutral
- Advance to theraband as tolerated
  - No resisted elbow flexion until 8 wks

Phase III: 8-12 weeks

- Advance to full, painless ROM
- Continue strengthening as tolerated
- Begin eccentrically resisted motion and closed chain activities
- Only do strengthening 3 times/wk to avoid rotator cuff tendonitis

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