

# Biceps Tenodesis

## Physical Therapy Protocol

### Keys to a Successful Outcome

- Pain > 4/10 = Hold progression
- Avoid active elbow flexion, resisted supination, and eccentric load on biceps until 6 wks
- If a distal clavicle resection is performed, restrict horizontal adduction until 8 weeks
- The repair site is relatively superficial in the front of the shoulder, and ice is quite effective at decreasing pain and swelling after surgery and activity

Phase	Brace	ROM Goals	WB	Exercises
Weeks 0-4	Simple sling x 2 wks, for comfort after*	PROM->AROM as tolerated	NWB	Passive elbow flexion, active extension
Weeks 4-8	None	Progress AROM of shoulder; AROM elbow/forearm at 6 wks	PWB 50%	Advance to isometrics, ER/IR in neutral; TheraBands. capsular stretching at end range to maintain flexibility; No resisted elbow flex/sup, or eccentric biceps <u>until 6 wks</u>
Weeks 8-12	None			Advance strengthening, begin eccentric resisted and CC activities of elbow
Months 3-6	None	FAROM shoulder/elbow	WBAT	Advance to sport and full activity

\* May remove sling if arm is supported on chair/desk/table (i.e. desk, eating) if cognizant of protecting biceps

### Patient Instructions

- Lower body, core, and cardio okay immediately if in sling and not using arm

### General Time Frames for ADLs

- Driving: 2-8 wks
- Desk/light return to work: 2-8 wks
- Golf (chipping/putting): 8-12 wks