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## **BICEPS TENODESIS REHABILITATION PROTOCOL**

### Phase I: Weeks 1-4

- Sling for 4 weeks; may remove for sedentary activity when comfortable
- Shoulder: Progress ROM as tolerated without restrictions; PROM→AAROM→AROM as strength allows
  - Encourage HEP to regain full motion; NO SHOULDER MOTION RESTRICTIONS
  - Begin gentle scapular retraction and shoulder shrugs
- Elbow: PROM  $\rightarrow$  AAROM  $\rightarrow$  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 II: Weeks 4-12

- 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 III: Months 3-12

- 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 ½ months



# South Hills Orthopaedic

SURGERY ASSOCIATES, P.C.