

# **Bicep Tenodesis Post-Operative Protocol**

Dr. Michael Meisterling

## PRECAUTIONS

- Immobilization-Sling use for all activities until 4 weeks post-op at which point patient can wean from sling
- Elbow PROM only 4 weeks
- Elbow AROM okay after 4 weeks
- No isolated biceps (supination on elbow flexion) 8 weeks
- No resistance for 8 weeks 1lbs max resistance from 8-12 weeks

## 0 - 2 WEEKS POST-OP: INITIAL PROTECTIVE PHASE

- Pendulums-3 to 4x/day
- Goals: Re-establish non-painful ROM, avoid adhesive capsulitis, decrease pain /inflammation

## 2 – 3 WEEKS POST-OP: BEGIN THERAPEUTIC EXERCISE

- Begin physical therapy
  - Range of motion rope and pulley (non-painful arc of motion)
    - L-bar exercises (elevation in scapular plane and ER/IR at 30 degrees abduction and progressing to 45 degrees abduction
    - Table slides
- Strengthening: Isometric flexion, abduction, ER and IR

## 3 – 8 WEEKS POST-OP: INTERMEDIATE PHASE

- Continue all ROM exercises
- Progress elevation to ~145 flexion
- Criteria to progress Initiate Isotonic Program (no weight): Achieve Full ROM
  - Shoulder elevation
  - Prone rowing
  - o Prone horizontal abduction
  - Side lying ER
  - Shoulder abduction to 90 degrees
  - Shoulder abduction to 90 degrees
  - Shoulder extension to neutral
  - Elevation in scapular plane
  - o ER/IR at 90 degrees

## TCOmn.com

## 8 – 12 WEEKS POST-OP: DYNAMIC STRENGTHENING PHASE

- Continue isotonic program
- Progress strengthening exercises (elbow 1lbs ok but no more resistance until after 3mos)
- Continue neuromuscular control for scapula
- Continue endurance exercises

## 12 – 16 WEEKS POST-OP: RETURN TO ACTIVITY PHASE

- Progressively increase activities to prepare for full functional return
- Continue all exercises
- Initiate plyometric activities
- Initiate isolated biceps isometrics
- Initiate light biceps curls