

Long Head of Biceps Tenodesis Protocol

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Specific requests or deviations that fall outside the scope of this protocol will be made by the provider as appropriate for the individual patient.

Phase I (Weeks 0 - 6)	Phase II (Weeks 6 - 12)	Phase III (Week 12 - 24+)
<p>Regular therapy visits (for early PROM) is at the therapist's and surgeon's discretion, but should begin between 1-2 weeks after surgery with Phase I guidelines.</p> <p>EDUCATE</p> <ul style="list-style-type: none"> • Self Care • Home ice use • Sling – 4 weeks (May be removed for dressing, hygiene, and tabletop use of hand, wrist, and elbow) <p>PRECAUTIONS</p> <ul style="list-style-type: none"> • Sling on at all times except hygiene and therapy • Avoid active elbow flexion and resisted forearm supination <p>PROM GUIDELINES (Goals)</p> <ul style="list-style-type: none"> • Forward elevation: 0-135° • ABD: 0-110° • ER: as tolerated • IR: as tolerated <p>EXERCISES</p> <ul style="list-style-type: none"> • Pain-free gentle pendulums • Scapular exercises • Isometrics, in neutral, pain-free • Modalities as needed <p>CRITERIA FOR PROGRESSION</p> <ul style="list-style-type: none"> • Minimal pain with PROM exercises and 120° forward elevation 	<p>PRECAUTIONS</p> <ul style="list-style-type: none"> • Discontinue sling • Active elbow flexion and resisted forearm supination <p>AROM GUIDELINES (Goals)</p> <ul style="list-style-type: none"> • Forward elevation: • 0-135° (week 6) • 0-170°+ (week 12) • ER: 0-60° (symmetric) • IR: as tolerated (symmetric) <p>EXERCISES</p> <ul style="list-style-type: none"> • Begin wand and/or pulley assisted AAROM and progress to AROM • Continue PROM and joint mobilization for symmetry • Begin resistive exercises for scapular stabilizers, biceps, triceps, and rotator cuff • Initiate scapular stabilizing exercises, core strengthening exercises <p>CRITERIA FOR PROGRESSION</p> <p>Minimal pain with AROM exercises and 160° forward elevation</p>	<p>ROM GUIDELINES</p> <ul style="list-style-type: none"> • ROM is expected to be WNL for all planes of motion. If the patient is a high-level athlete, more than 90 degrees of ER may be needed. <p>EXERCISES</p> <ul style="list-style-type: none"> • Continue to advance full upper extremity strengthening and endurance exercise program • Activity specific plyometrics program • Address core and lower extremity demands and weaknesses <p>CRITERIA FOR PROGRESSION TO SPORT SPECIFIC PROGRAM</p> <ul style="list-style-type: none"> • Pain-free full ROM, normal glenohumeral rhythm, upper extremity strength 5/5, isokinetic strength 85% of unaffected side <p>RETURN TO SPORTS/WORK</p> <ul style="list-style-type: none"> • The surgeon must clear "Full Force" status and Throwing Program if patient is to return to sports, heavy manual labor, etc. • Consider referral to sports specific rehab therapist if patient is returning to sport • Consideration of RTP at 4-6 months • Maximum improvement, full-recovery, or unrestricted activity/work is anticipated at 6-9 months
<p>General Goals: protect the surgical repair, maintain regional joint mobility, and control swelling and pain.</p>	<p>General Goals: progress PROM, begin strengthening, and stress patient independence with home program.</p>	<p>General Goals: restore normal neuromuscular functional of involved extremity for all required activities (work, sports, daily activities, etc.)</p>

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