

REHABILITATION PROTOCOL FOR BICEPS TENODESIS

APPOINTMENTS:

- Clinic appointments at 8 to 12 days, then at 6 weeks, 12 weeks, 18 weeks and possibly 24 weeks
- Physical therapy appointment starting at 2 weeks

ACUTE PHASE: surgery to 4 weeks post-op

- Immobilize the shoulder in the sling for 3 weeks and then gradually wean out of the sling during the day but continue wearing it at night for 6 weeks
- Remove sling 5 times a day to work on range of motion exercises for the hand, wrist, and elbow and work on shoulder shrugs and pendulum exercises
- After 3 weeks may begin to use the operative arm for activities of daily living, but no lifting
- Ice as needed
- Begin physical therapy at 2 weeks:
 - Gentle passive motion exercises limited to 90 degrees of flexion, 90 degrees of abduction and neutral external rotation
 - Isometrics for extension, adduction/abduction, and internal rotation/external rotation
 - Modalities as needed: heat, ice, ultrasound, e-stim
- Work restrictions: off work for 5 days or until pain controlled by non-narcotic pain medications and then may return to work with no use of the operative arm which must remain in the sling

PHASE I: 4 to 6 weeks post-op

- Continue use of the operative arm for activities of daily living, but no lifting
- Continue pendulum exercises and isometrics at home
- Advance physical therapy to include:
 - PROM cane exercises and towel exercises for flexion/extension, adduction/abduction and internal rotation/external rotation
 - Pulleys for flexion and abduction
 - AAROM for flexion limited to 90 degrees, extension, abduction/adduction and internal rotation/external rotation
 - Gradually begin AROM exercises, however, **NO ACTIVE FLEXION AGAINST RESISTANCE** until 6 weeks post-op
 - Begin scapular motion: elevation, depression, protraction/retraction
- Work restrictions: no use of the operative arm

PHASE II: 6 to 12 weeks post-op

- No lifting greater than 5 pounds
- Continue P/AA/AROM exercises without ROM restrictions; FROM expected at 8 weeks
- Begin passive resistive exercises for flexion/extension, abduction/adduction, and internal rotation/external rotation
- Begin closed kinetic chain exercises and scapular strengthening (rows, wall push-ups, slideboard)
- Progress to global strengthening
- Work restrictions:
 - Limited overhead use and limited repetitive or strenuous use of the operative arm
 - No lifting, pushing, or pulling greater than 5 pounds

PHASE III: 12 to 18 weeks post-op

- No lifting greater than 15 pounds
- Endurance rotator cuff and anterior shoulder strengthening and eccentric posterior rotator cuff strengthening
- May begin gentle provocative exercise and light conditioning for sport/work
- Work restrictions: no lifting, pushing, or pulling greater than 15 pounds

PHASE IV: 18 to 24 weeks post-op

- No lifting greater than 25 pounds
- Advance to aggressive provocative overhead strengthening
- Begin work-related or sports-specific conditioning
- Return to sports when strength and flexibility are within normal limits and when functional rehabilitation has been completed
- In overhead athletes, begin the throwing program
- Goal is to return to sport without restrictions at 6 months post-op, however, overhead athletes must complete the throwing program and may take up to 1 year to return to normal
- Progress to work hardening/functional capacity evaluation if appropriate
- Work restrictions:
 - No lifting greater than 25 pounds
 - Goal of return to work without restrictions at 6 months post-op