



Biceps Tenodesis Rehabilitation Protocol

- **Precautions**
 - Sling for 4-6 weeks
 - No heavy object lifting overhead, no jerking/sudden motions
 - Do not use shoulder in sitting or rising for 6 weeks
 - No active biceps contraction for 6 weeks, no resisted biceps contraction for 12 weeks
 - Okay for elbow, wrist, hand range of motion (ROM)
- **Weeks 0-2 (Protection Phase)**
 - Goals: prevent stiffness, decrease swelling/inflammation, and protect fixation
 - Begin gentle shoulder ROM
 - Pendulums
 - Rope and pulley (non-painful arc of motion)
 - L-bar exercises (elevation in scapular plane and ER/IR beginning at 30 deg abduction and progressing to 45 deg abduction)
 - Shoulder passive ROM flexion to 90 deg; ER, IR, and abduction to 45 deg
 - No strengthening exercises yet
 - Modalities as needed for muscle stimulation, pain control, swelling control
- **Weeks 2-6 (Early Motion Phase)**
 - Goals: improved swelling and pain, increase ROM
 - Continue above ROM exercises, as tolerated, no restrictions on degrees of motion
 - Okay to initiate isotonic (no weight) strengthening
 - Emphasize importance of home exercise program
 - Modalities as needed for muscle stimulation, pain control, swelling control
- **Weeks 6-12 (Late Motion and Early Strengthening Phase)**
 - Goals: improved swelling and pain, increase ROM, begin strengthening
 - Continue progression ROM as needed
 - Begin periscapular strengthening
 - Okay to initiate active biceps contraction, but no weight
 - Once full or nearly full ROM obtained, begin active strengthening of the shoulder; this should begin at very low weights (1-2 lbs. of weight or resistance and advance accordingly); again, the biceps should not be loaded, but can actively contract if needed
 - Emphasize importance of home exercise program
- **Weeks 12+ (Late Strengthening and Return to Function/Activity)**
 - Goals: increase strength, return to work, sport, and/or pre-injury functional level with minimal to no restrictions
 - Begin active biceps contraction, starting at very low weight and gradual progression
 - Continue improving shoulder ROM and strength, as needed
 - Work on improving functional/ADL tasks as needed
 - Functional/work-specific/sport strengthening and training, if applicable
 - Customized HEP to continue once PT/OT is completed

