

## Bicep Tenodesis Protocol

Name \_\_\_\_\_ Date \_\_\_\_\_

Procedure \_\_\_\_\_

Procedure Date \_\_\_\_\_

Frequency 1 2 3 4 5 times/week    Duration 1 2 3 4 5 6 weeks

Anytime the dressing is changed or examined, **please wash hands** prior with antibacterial soap. Do not apply any ointments or medications to the area. The surgical dressing should be changed by the therapist using **sterile** technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips. The new dressing should include dry gauze and ACE wrap. For a shoulder arthroscopy the portals may be redressed with band-aids. Please do not use tegaderm unless it was used at the time of surgery or if specifically stated on the orders. The exception to this is when tegaderm is used to cover a biceps tenodesis incision. The tegaderm applied in surgery **may be removed** by the therapist at first visit. A new tegaderm does not need to be applied.

### Weeks 1-6:

- Sling for first 4 weeks
- Ace wrap bicep for 2 weeks (in cases with severe swelling); HEP 2-3 x daily
- Posturing; PROM only for 4 weeks then  AAROM  AROM of elbow without resistance. This gives biceps tendon time to heal into new insertion site on humerus without being stressed
- Encourage pronation/supination without resistance
- Grip strengthening
- Maintain shoulder motion by progressing PROM  AROM without restrictions (protect bicep repair)
- ROM goals: Full passive flexion and extension at elbow; full shoulder AROM
- At 4 weeks: Begin isometric shoulder exercises

### \*\*\*No resisted motions with elbow until 6 weeks post-op

- Heat before PT sessions; other physical modalities per PT discretion
- Perform desensitization of the scar and massage the biceps, if hypersensitivity occurs contact MD for possible prescription of topical medication

**Weeks 6-12:**

- Begin AROM and progress as tolerated for elbow in all directions with passive stretching at end ranges to maintain or increase biceps/elbow flexibility and ROM
- At 6 weeks, begin light isometrics for elbow
- Progress shoulder strength to therabands and scapular strengthening

**Months 3-12:**

- Begin UE ergometer
- At 12 weeks: begin eccentrically resisted motions, 90/90 strengthening; 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 with MD approval
- Collision sports at 6 months
- MMI is usually at 6 months

**Comments:**

**Teach HEP** \_\_\_\_\_

**Modalities PRN**

**Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.**

**Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_