

Biceps Tenodesis Protocol

Dr. Gardner's Protocol

(If pt also has had a RCR incorporate both protocols)

The purpose of this protocol is to provide the clinician, therapist, and patient with a **GUIDELINE** of the postoperative rehabilitation course of a patient that has undergone a Biceps Tenodesis for biceps dysfunction.

The procedure entails cutting the long head of the biceps and reattaching the tendon more distally along the humerus. Multiple techniques exist including screw, anchor, and soft tissue fixation. The procedure is used for chronic biceps dysfunction and detachment from its origin.

Phase I – Passive Range of Motion Phase (starts approximately post op weeks 1- 4)

Goals:

Alleviate shoulder pain and inflammatory response

Achieve gradual restoration of passive range of motion (PROM), limit full elbow extension immediately

Enhance/ensure adequate scapular function

Precautions/Patient Education:

NO active range of motion (AROM) of the elbow

NO excessive external rotation range of motion (ROM) / stretching. Stop when you feel the first end feel.

Use of a sling to minimize activity of biceps x 3 weeks

Ace wrap upper forearm as needed for swelling control

NO lifting of objects with operative shoulder

Keep incisions clean and dry

No friction massage to the proximal biceps tendon / tenodesis site

Patient education regarding limited use of upper extremity despite the potential lack of or minimal pain or other symptoms

Activity:

Shoulder pendulum hang exercise

PROM elbow flexion/extension and forearm supination/pronation

AROM wrist/hand

Begin shoulder PROM all planes to tolerance /do not force any painful motion

Scapular retraction and clock exercises for scapula mobility progressed to scapular isometric exercises

Ball squeezes
Sleep with sling as needed supporting operative shoulder, place a towel under the elbow to prevent shoulder hyperextension
Frequent cryotherapy for pain and inflammation
Patient education regarding postural awareness, joint protection, positioning, hygiene, etc.
May return to computer based work
Milestones to progress to phase II:
Appropriate healing of the surgical incision
Full PROM of shoulder and elbow
Completion of phase I activities without pain or difficulty

Phase II – Active Range of Motion Phase (starts approximately post op week 5-6)

Goals:

Achieve gradual restoration of AROM
Begin light waist level functional activities
Wean out of sling by the end of the 2-3 postoperative week
Return to light computer work
Precautions:
No lifting, pushing, pulling
Activity:
Begin gentle scar massage and use of scar pad for anterior axillary incision
Progress shoulder PROM to active assisted range of motion (AAROM) and AROM all planes to tolerance
NO resistance exercises. Active elbow flexion/extension and forearm supination/pronation

- Begin incorporating posterior capsular stretching as indicated

Phase III – Strengthening Phase (starts approximately post op week 7-9)

Goals:

Normalize strength, endurance, neuromuscular control
Return to chest level full functional activities
Precautions:
• Do not perform strengthening or functional activities in a given plane until the patient has near full ROM and strength in that plane of movement
Activity:
Continue A/PROM of shoulder and elbow as needed/indicated
Initiate biceps curls with light resistance, progress as tolerated

Initiate resisted supination/pronation

- Begin rhythmic stabilization drills

External rotation (ER) / Internal Rotation (IR) in the scapular plane

Milestones to progress to phase IV:

Appropriate rotator cuff and scapular muscular performance for chest level activities

Completion of phase III activities without pain or difficulty

Phase IV – Advanced Strengthening Phase (starts approximately post op week 10)

Goals:

Continue stretching and PROM as needed/indicated

Maintain full non-painful AROM

Return to full strenuous work activities

Return to full recreational activities

Precautions:

Avoid excessive anterior capsule stress

With weight lifting, avoid military press and wide grip bench press.

Protocol modified and used with permission from BWH Sports/Shoulder Service.