

Biceps Tenodesis

Sling should be worn for approximately 4 weeks per Dr. Driscoll's instruction. May remove for treatment. Patient may also remove sling for activities such as eating, writing, computer work, and personal hygiene. Please provide daily home program for each phase.

PHASE 1 (weeks 1-4)

- Ice to control pain and inflammation
- Remove sling at least three times per day for the following:
 - Active range of motion at wrist and hand, passive range of motion at elbow
 - Grip strengthening with ball
 - Scapular protraction and retraction, elevation and depression
 - Active and active assisted shoulder ROM using cane or pulley to assist
 - Goals – 140° forward elevation, 40° external rotation, internal rotation to lumbosacral junction
- Maintain cardiovascular health using walking or exercise bike

PHASE 2 (weeks 5-8)

- Fully restore ROM of shoulder and elbow (AROM and PROM without restriction)
- Strengthen with therabands
 - Abduction in the scapular plane, internal and external rotation with arm at the side (deltoid and cuff)
 - Tricep push-down, and scapular retraction/elevation exercises (triceps, and scapular stabilizers)
 - No biceps curls, rows, or shoulder forward flexion strengthening until 8 weeks to protect biceps tenodesis
- Maintain cardiovascular health using walking, exercise bike, jogging, etc

PHASE 3 (weeks 9-12)

- Continue strength training with therabands, may include rows and limited light biceps activation
- Add sport specific drills

PHASE 4 (>12 weeks)

- Continue strength training, may progress to weights/gym per patient preference
- Begin gradual throwing program when strength and range of motion are fully restored (for throwers only), no hard throwing for 6 months
- Return to sport when cleared by surgeon

