



Mid-America Orthopedics

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Biceps Tenodesis Protocol

(with or without Subacromial Decompression / Distal Clavicle Excision)

Days 0-27

- Take arm out of sling or cryocuff and move wrist and hand at least 4 times per day.
- Begin dangling exercises and pendulum motions as soon as tolerated.
- Modalities to decrease pain and swelling, soft tissue mobilization, and postural education.
- Passive and active assisted shoulder range of motion (wand, pulley) to regain full motion as tolerated – MUST HAVE FULL PASSIVE ROM BY WEEK 4.
- Avoid active elbow flexion for 4 weeks, BUT should achieve full passive elbow flexion and extension by WEEK 4 at latest.
- No biceps strengthening (resistance) until Week 8.
- Sub-maximal isometrics for shoulder musculature, manual resistance for scapula motions.
- Postural awareness education.

Days 28-34

- Progress passive and active range of motion exercises as tolerated including elbow flexion.
- Joint mobilization for scapula and glenohumeral joint (posterior capsular stretching).

Days 35-55

- Begin GENTLE strengthening program for shoulder musculature using theraband, with focus on internal rotation to strengthen subscapularis and external rotation to strengthen infraspinatus – AVOID BICEPS RECRUITMENT.
- Closed chain exercises for scapular stabilization and rotator cuff.
- Therapist-supervised upper body ergometer for motion at 6 weeks post-op - no resistance, avoid substitution or impingement.
- Advance to light weights for shoulder strengthening at 6 weeks post-op.

Days 56+ (end of 8 weeks)

- Continue above as needed.
- Advance strengthening for shoulder musculature.
- Begin gentle biceps resistance exercises. Foccus on light weight / high reps (max 8-10 lbs.) for Weeks 8-10 – include both elbow flexion and forearm supination.
- May advance biceps strengthening without limit after Week 10 (both flexion and supination).

- May add resistance to upper body ergometer.
- Stress postural awareness.
- Sport-specific training or work hardening at week 12 if needed.

Patient progression during the time frames along with general modality and exercise choice is left up to the discretion of the treating therapist. If you have any questions regarding this protocol, please contact (316) 978-9000.