



Mid-America Orthopedics

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OPEN/ARTHROSCOPIC BICEPS TENODESIS PROTOCOL

PRECAUTIONS:

- **Immobilization: Remain in sling with pillow for 6 weeks.**
- PT removes bandages on POD #3, keep steri-strips intact until Dr Babb can remove them.
- No ointments, betadine etc should be used on the incisions or portals.
- If any drainage/oozing is present recover with 4x4's, and notify Dr Babb (may need antibiotics).
- **NO ice bags** on any oozing, or open wounds without being covered first with a bandage.
- If any wounds are oozing, delay range of motion until wounds are closed and healed.
- **NO water on wounds** for 2 weeks (including showers) even if covered, no submersion of wounds in water (baths) until wounds are scars
- **ROM: PROM for the elbow & shoulder in all planes**
 - **Include joint mobilization for glenohumeral and scapulothoracic joints**
- **NO heavy object lifting**
- **NO jerking movements**
- **Do not use affected shoulder in sitting or rising**
- **NO ACTIVE BICEPS FLEXION for 6 WEEKS**
- **Recheck with MD at 2 weeks**

Day 1-6 (1-3 visits/week)

- **ROM:** Begin progressing to full PROM/AAROM of the shoulder
 - **NO ACTIVE BICEPS FLEXION for 6 WEEKS**
 - Pendulums
 - Rope and pulley (non painful arc of motion)
 - AAROM cane exercises (Elevation in scapular plane and ER/IR beginning at 30 degrees abduction and progressing to 45 degrees abduction)
- **Strengthening exercises:**
 - Shoulder Isometrics: flexion, extension, abduction, ER, IR
 - Shoulder Rhythmic stabilization exercises (ER/IR and extension)
- **Decrease pain/inflammation:**
 - Ice, modalities

Day 7-13 (1-3 visits/week)

- **May initiate heat prior to exercise**

- **ROM:** Continue ROM listed above
 - Initiate ER/IR with L-bar at 90 degrees abduction
 - Progress elevation of the shoulder to full PROM/AAROM
- **Strengthening:**
 - Progress isometrics

Day 14-41 (1-3 visits/week)

- **DOCTOR: Recheck with MD at 2 weeks**
- **May use heat prior to exercise program**
- **Exercises:**
 - Normalize arthrokinematics of shoulder complex
 - Joint mobilization: Inferior, posterior, & anterior glides
 - Initiate light isotonic resistance bands for the shoulder
 - Shoulder elevation
 - Prone rowing
 - Prone horizontal abduction
 - Sidelying ER
 - Shoulder abduction to 90 degrees
 - Shoulder extension to neutral
 - Continue AAROM with cane
 - Elevation in scapular plane
 - ER/IR at 90 degrees abduction
- **Decrease pain and inflammation:**
 - Continue use of modalities, ice as needed

6-8 Weeks Post-op (1-3 visits/week)

- **DOCTOR: Recheck with MD at 6 weeks. Contact MD at week 4 if having problems with ROM.**
- **May D/C sling & ABD pillow**
- **Exercises:**
 - May begin active elbow flexion
 - Continue isotonic program & progress strengthening exercises as tolerated
 - Continue neuromuscular control exercises for scapular muscles
 - Continue endurance exercises

9-12 Weeks Post-op

- Continue all exercises
- Initiate plyometric activities (2 hand chest pass, side to side throws, soccer throws)
- Initiate sport program (week 10-12) if patient achieves specific criteria
- Initiate isolated biceps isometrics

3-6 Months Post-op: Return to Activity Phase

- Initiate isolated biceps isotonics at 12 weeks/3 months
- Continue ROM and strengthening program

OPEN/ARTHROSCOPIC BICEPS TENODESIS

- Continue self capsular stretches as needed
- Continue fundamental shoulder exercise program
- Initiate one hand plyometric drills (wall dribbles, baseball throws, shovel throws)
- Continue or initiate interval sports program
- Gradually return to overhead activities i.e. sports

Progression within the time frames along with modality usage is left up to the discretion of the treating therapist. Please contact Dr. Babb if patient is struggling with PROM before their 6-week recheck appointment. If you have questions regarding this protocol, please contact (316) 630-9300.

*Protocol loosely derived from AdvancedCEU.com