



**BICEPS TENODESIS**

**PHYSICAL THERAPY PROTOCOL**

**Bryan M. Saltzman, M.D.**

OrthoCarolina

Assistant Professor of Orthopaedic Surgery, Atrium Health

Sports Medicine & Shoulder/Elbow

1915 Randolph Rd, Charlotte, NC 28207

704-323-3000

[www.BryanSaltzmanMD.com](http://www.BryanSaltzmanMD.com)

Patient: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

**Procedure: Right / Left Shoulder Biceps Tenodesis**

**Associated Procedure (circled if applicable):**

**Distal Clavicle Resection: *If this was done, avoid cross-body adduction x 8wks***

**Acromioplasty: *If this was done, avoid shoulder abduction x 6wks***

\_\_\_ Evaluate and Treat

\_\_\_ Provide patient with home program

Frequency: \_\_\_\_\_x/week x \_\_\_\_\_weeks

\_\_\_ **Phase I (0-4 wks): *Period of protection: In general, sling should be worn at all times during this phase (except for hygiene and PT). Avoid resisted elbow motions until 4 wks.***



**Weeks 0-1: Formal PT is not mandatory.**

- Sling at all times (except for hygiene and pendulums).
- Home exercises only (pendulums, elbow + wrist ROM, grip strengthening).

**Weeks 1-4: Begin formal PT (2-3 x/wk).**

- Sling at all times (except for hygiene and PT).
- ROM:
  - **Shoulder:** PROM → AAROM → AROM as tolerated, without restrictions (*unless acromioplasty and/or distal clavicle resections (see above)*)
    - Goals: full AROM if possible
  - **Elbow:** PROM → AAROM → AROM (flex/ext/sup/pron) as tolerated (but NO resistance)
    - Goals: full passive ROM (flex/ext)
  - Heat before, Ice after. Modalities as per PT discretion.
- Strengthening: **NO RESISTED ELBOW MOTIONS UNTIL >4 WKS POST-OP**
  - Grip strengthening OK

**Phase II (4-12 wks): Advance motion out of the sling and begin maintenance strengthening.**

- D/C sling if cleared by MD
- ROM: Advance AROM for elbow and shoulder in all directions (*depending on other procedures – see below*), with passive stretching at end ranges.
  - If distal clavicle resection done, may begin crossed-chest adduction after 8 wks; if acromioplasty done, may begin abduction after 6 wks.
  - Goals: full AROM elbow and shoulder by 3 months.
- Strengthening (only 3x/wk to avoid cuff tendonitis):
  - @ 6wks, start periscapular and cuff/deltoid isometrics at side; progress to bands as tolerated.

**Phase III (3-12 months): Begin more aggressive strengthening and progress to sport-specific/occupation-specific rehab.**

- ROM: Aggressive passive stretching at end ranges. Advance to full active ROM if not already achieved.
- Strengthening/Activities:
  - Continue cuff/deltoid/periscapular strengthening:
    - Advance as tolerated from isometrics → bands → light weights (1-5lbs) w/8-12 reps x 2-3 sets for cuff, deltoid,



scapular stabilizers (*Only do this 3x/wk to avoid cuff tendonitis*)

- Begin eccentrically resisted motions, plyometrics (*weighted ball toss*), proprioception (*body blade*)
  - Sports-related rehab and advanced conditioning
  - @ 4.5 months, throw from the pitcher's mound
  - @ 6 months, return to collision sports (hockey, football, etc.)
- Work:
    - Can resume heavy labor once full-strength/MMI achieved (usually by 6-12 months)

**By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient \_\_\_ would \_\_\_ would not benefit from social services.**

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Bryan M. Saltzman, MD**