

## Isolated Biceps Tenodesis Rehabilitation Protocol

Phase	Goals	Precautions / Restrictions	Treatment
<b>Weeks 0 – 4</b>	<ul style="list-style-type: none"> <li>Protect the repaired biceps</li> <li>Minimize pain and swelling</li> <li>Initiate SHOULDER and ELBOW range of motion progressing from PASSIVE → Active Assisted ROM</li> <li><b>No ACTIVE ROM</b> of the shoulder or elbow</li> </ul>	<ul style="list-style-type: none"> <li>Immobilizer on at all times except for hygiene + exercises</li> <li>No friction massage to the proximal biceps tendon</li> <li><b>Avoid resisted active biceps exercises (elbow flexion, straight arm resisted flexion, forearm supination) x 8 wks.</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Week 0 – 2</b> <ul style="list-style-type: none"> <li>Wrist / Hand AROM, Hand grip</li> <li>Shoulder Pendulums</li> </ul> </li> <li><b>Week 2 – 4</b> <ul style="list-style-type: none"> <li>Initiate shoulder PROM with limits FE = 120°, ER (Scapular plane) = 40°, No extension or horizontal extension</li> <li>Scapular retractions and clocks</li> </ul> </li> </ul>
<b>Weeks 4 – 8</b>	<ul style="list-style-type: none"> <li>Minimize pain and swelling</li> <li>Continued protection of healing tissue with slow progression of activity</li> <li>Improve <b>Active</b> ROM of the shoulder and elbow without overstressing healing tissue</li> </ul>	<ul style="list-style-type: none"> <li>Wean out of the immobilizer</li> <li><b>No resistive biceps exercises</b></li> <li>Associated procedure Δs: <ul style="list-style-type: none"> <li><u>Acromioplasty</u>: Avoid Abduction x 6 weeks</li> <li><u>Distal Clavicle Excision</u>: No crossbody adduction x 8 weeks</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Progress pain free ROM from Passive to Active with capsular stretching at end-range to maintain flexibility</li> <li><b>Week 6</b> – Initiate shoulder isometrics <ul style="list-style-type: none"> <li>Rotator Cuff / Deltoid / Periscapular to include IR, ER, ABD, &amp; ADD</li> <li>Shoulder Therabands as tolerated</li> </ul> </li> <li>Conditioning – Walking, Stationary Bike</li> </ul>
<b>Weeks 8 – 12</b>	<ul style="list-style-type: none"> <li>Maintain full and pain free shoulder + elbow AROM</li> <li>Progress shoulder and elbow strength with a focus on low load and high repetitions</li> <li>Return to ADL's, work, and light recreational activity</li> <li>Initiate closed chain stailization exercises</li> <li>Maintain fitness of the athlete as able <ul style="list-style-type: none"> <li>Biking, Running, Stairmaster</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Initiate <b>light resistive biceps</b> curls, supination, pronation exercises – Monitor for pain</li> <li>Perform movements with a low to medium velocity avoiding provocative exercises that cause discomfort</li> <li>Limit strengthening to 3x per week to avoid tendinitis</li> <li>No swimming, throwing, or high-speed overhead movements</li> </ul>	<ul style="list-style-type: none"> <li>If posterior capsule tightness → Posterior glides + end range stretches</li> <li><b>Progress strengthening</b> <ul style="list-style-type: none"> <li>Resisted IR and ER in neutral</li> <li>Standing resisted SA punch + bearhug</li> <li>Prone row 30° / 45° / 90° to standing</li> <li>Push up plus progression: Wall, Counter, Knees on floor, floor</li> <li>Rhythmic stabilization: ER &amp; IR in scapular plane; Flexion, Extension, ABD / ADD at various angles of FE</li> <li>Supine to standing PNF diagonal patterns (D1 &amp; D2)</li> </ul> </li> </ul>
<b>Weeks 12 +</b>	<ul style="list-style-type: none"> <li>Normalize neuromuscular control, strength, and power without compensation</li> <li>Systematic Interval Program for Returning to Sports <ul style="list-style-type: none"> <li>Overhead Athletes, Tennis</li> <li>Swimming, Golf, Weights</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Slowly progress higher level exercise (Upright row, Bench press) as tolerated to reduce anterior capsule stress</li> <li>Return to Sport Timelines: <ul style="list-style-type: none"> <li>Pitcher's Mound – 4.5 mos.</li> <li>Collision sports / MMI – 6 mo.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Upper extremity Ergometer</li> <li>Plyometric training starting with below shoulder level → Overhead <ul style="list-style-type: none"> <li>Weighted ball, Y Ball, T Ball</li> <li>drop / catch in standing and prone</li> <li>Chest pass, overhead ball dribble</li> </ul> </li> <li>Multi-joint / Compound Movements</li> </ul>

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.

Each patient's progress may vary based on specifics of their injury and procedure.

