MAYO CLINIC | Orthopedics and Sports Medicine

**Mayo Clinic in Florida**
4500 San Pablo Rd S, Jacksonville, FL, 32224
Ph: 904-953-2496 | Fax: 904-953-2005

# Isolated Biceps Tenodesis Rehabilitation Protocol

| Phase | Goals | Precautions / Restrictions | Treatment |
|---|---|---|---|
| **Weeks 0 – 3** | • Protect the repaired biceps<br>• Minimize pain and swelling<br>• Initiate SHOULDER and ELBOW range of motion progressing from PASSIVE → Active Assisted ROM<br>• **No ACTIVE ROM** of the shoulder or elbow | • Immobilizer on at all times except for hygiene + exercises<br>• No friction massage to the proximal biceps tendon<br>• **Avoid resisted active biceps exercises (elbow flexion, straight arm resisted flexion, forearm supination) x 8 wks.** | • Week **0 – 1**<br>○ Wrist / Hand AROM, Hand grip<br>○ Shoulder Pendulums<br>• Week **1 – 3**<br>○ Initiate shoulder PROM with limits FE = 120°, ER (Scapular plane) = 40°, No extension or horizontal extension<br>○ Scapular retractions and clocks |
| **Weeks 3 – 8** | • Minimize pain and swelling<br>• Continued protection of healing tissue with slow progression of activity<br>• Improve **Active** ROM of the shoulder and elbow without overstressing healing tissue | • Wean out of the immobilizer<br>• **No resistive biceps exercises**<br>• Associated procedure Δs:<br>○ Acromioplasty: Avoid Abduction x 6 weeks<br>○ Distal Clavicle Excision: No crossbody adduction x 8 weeks | • Progress pain free ROM from Passive to Active with capsular stretching at end-range to maintain flexibility<br>• **Week 6** – Initiate shoulder isometrics<br>○ Rotator Cuff / Deltoid / Periscapular to include IR, ER, ABD, & ADD<br>○ Shoulder Thera-bands as tolerated<br>• Conditioning – Walking, Stationary Bike |
| **Weeks 8 – 12** | • Maintain full and pain free shoulder + elbow AROM<br>• Progress shoulder and elbow strength with a focus on low load and high repetitions<br>• Return to ADL's, work, and light recreational activity<br>• Initiate closed chain stailization exercises<br>• Maintain fitness of the athlete as able<br>○ Biking, Running, Stairmaster | • Initiate **light resistive biceps** curls, supination, pronation exercises – Monitor for pain<br>• Perform movements with a low to medium velocity avoiding provocative exercises that cause discomfort<br>• Limit strengthening to 3x per week to avoid tendinitis<br>• No swimming, throwing, or high-speed overhead movements | • If posterior capsule tightness → Posterior glides + end range stretches<br>• **Progress strengthening**<br>○ Resisted IR and ER in neutral<br>○ Standing resisted SA punch + bearhug<br>○ Prone row 30° / 45° / 90° to standing<br>○ Push up plus progression: Wall, Counter, Knees on floor, floor<br>○ Rhythmic stabilization: ER & IR in scapular plane; Flexion, Extension, ABD / ADD at various angles of FE<br>○ Supine to standing PNF diagonal patterns (D1 & D2) |
| **Weeks 12 +** | • Normalize neuromuscular control, strength, and power without compensation<br>• Systematic Interval Program for Returning to Sports<br>○ Overhead Athletes, Tennis<br>○ Swimming, Golf, Weights | • Slowly progress higher level exercise (Upright row, Bench press) as tolerated to reduce anterior capsule stress<br>• Return to Sport Timelines:<br>○ Pitcher's Mound – 4.5 mos.<br>○ Collision sports / MMI – 6 mo. | • Upper extremity Ergometer<br>• Plyometric training starting with below shoulder level → Overhead<br>○ Weighted ball, Y Ball, T Ball drop / catch in standing and prone<br>○ Chest pass, overhead ball dribble<br>• Multi-joint / Compound Movements |

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.