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BICEP TENODESIS PROTOCOL

Weeks 1-2

- Full time in sling to minimize biceps activity and avoid shoulder extension at night when supine.
- Educate patient on limited use of operative arm despite potential lack of or minimal pain complaints
- Exercises:
 - Cervical range of motion as needed.
 - Wrist and hand range of motion as needed.
 - Passive ROM of elbow flexion/extension and supination/pronation
 - Scapular retraction (preventing shoulder extension)
 - Grip strengthening
 - Shoulder pendulums
 - PROM of the shoulder in all planes to tolerance, but do not push external rotation stretching.
- Modalities and Cryotherapy for pain and swelling

Weeks 3-6

- May gradually discontinue sling around the house at 3 weeks if comfortable. Still need sling when going out in public up until 4 weeks post-op.
- Exercises:
 - Progress shoulder passive range of motion to AAROM and AROM in all planes
 - Pulleys for shoulder ROM
 - Glenohumeral and scapulothoracic joint mobilizations as needed to regain ROM
 - AROM of elbow flexion and supination/pronation (no resistance)
 - Can start tricep extension in pain free range with light band resistance
 - Cross body adduction stretch or sleeper stretch for posterior capsular stretching
 - Start progressive scapular strengthening; may begin no-load serratus exercise at 5-6 weeks
- Modalities for pain, as needed

Weeks 6-9

- No heavy lifting with operative arm.
- Exercises:
 - Begin light bicep curls as tolerated (start with hand in neutral and progress to supinated; no more than 5 pounds)
 - Begin resisted supination/pronation as tolerated
 - Start rhythmic stabilization for IR and ER; Flexion/extension; and Abduction/adduction at various angles of elevation

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- Initiate band exercises: ER, IR, Flexion, Extension, Adduction at multiple angles
 - Prone scapular strengthening
 - Can start sidelying ER (with towel roll) and/or manually resisted ER
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- Begin strengthening exercises only if overall pain level is low
 - Modalities for pain as needed.

Weeks 9-12+

- Continue stretches towards normal ROM
- Continue posterior capsule stretches as needed
- Exercises:
 - Continue to progress previous RC and scapular strengthening exercises
 - Start strengthening overhead if ROM and strength below 90 degree elevation is good and pain free
 - Progressively return to upper extremity weight lifting program
- Progress only without increase signs of inflammation
- Modalities as needed for pain
- Must be cleared by surgeon for return to vigorous sports or heavy labor jobs.