



Biceps Tenodesis  
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	PRECAUTIONS	ROM	EXERCISES
<b>Phase 1: 0-2 weeks</b> <b>2-3x/week</b>  <b>HEP only</b>	Sling for 3-6 weeks except for hygiene.  No arm use	Full elbow extension  Shoulder flexion to 90°	AROM of the neck, hand/grip, wrist  PROM to the Elbow  Avoid resisted elbow flexion and supination
<b>Phase 2: 2-6 weeks</b> <b>2-3x/week</b>  <b>Begin Therapy</b>	Sling per MD recommendation  Limit lifting with ADL's to 1-2#	PROM as tolerated	Avoid resisted elbow flexion and supination; Shoulder, Elbow PROM only Wrist PRE's Soft tissue mobilization Supine wand External rotation Scapular Isometrics submaximal shoulder isometrics for IR/ER/Ext Pulleys
<b>Phase 3: 6-12 weeks</b> <b>2x/week</b>	D/C Sling	Full PROM  AAROM to AROM progressions	Scar mobilization Scapular stabilization Wall walks, Wand AAROM Prone Scapular "I", "T", "Y" Advance to resisted IR, ER with bands Elbow flexion AROM. <b>No resisted biceps x 8 WEEKS</b> **Do not push active motion through shoulder shrug sign **Do not push through biceps/anterior shoulder pain
<b>Phase 5: 12-24 weeks</b> <b>1-2x/week</b>	none	Full	Advance strengthening: Scapula, RTC, deltoid, Biceps. Advance stabilization: scapula, glenohumeral joint Open and closed chain activity Around 16 weeks begin work, sports-specific training

MD post op appts:, 2 weeks, 6 weeks, 12 weeks, 5 months.  
 Please send PT progress notes prior to each of these MD appts.  
 This protocol is not a substitute for clinical decision making of the health care professional.  
 Please see PT referral for any specific post op instructions.