



Central Indiana Orthopedics

INVESTED IN KEEPING YOU ACTIVE

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BICEPS TENODESIS REHABILITATION PROTOCOL

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone a shoulder biceps tenodesis surgery. It is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient please consult with Dr Camilleri.

Please reference the exercise progression sheet for timelines and use the following precautions during your treatments. Thank you for progressing all patients appropriately and please fax all progress notes to Dr. Camilleri's office or hand deliver with the patient. Successful treatment requires a team approach and we value your care for the patient as well as your input. Please contact Dr. Camilleri at any time with your input on how to improve the therapy 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
 - 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



- 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.