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Physical Therapy Rehabilitation following Biceps Tenodesis

The following is a framework from which to work during rehabilitation following biceps tenodesis. We encourage patients and therapists to communicate with Dr. Brusalis and his staff with any questions.

Limitations:

- No resisted elbow flexion or forearm supination for the first six weeks post-operatively to avoid stressing the biceps tenodesis.

Range of motion:

- Sling for the first 4 weeks post-operatively and then discontinue.
- Begin immediate range of motion including scapular range of motion.
- Progress from passive to active-assisted to active motion as tolerated.
- Begin with pendulums, pulleys, and wand/cane exercises.
- Avoid cross-body adduction and rotational motions in flexion or abduction until 140° elevation and 40° external rotation in adduction have been achieved.

Strengthening:

- Begin strengthening once pain has subsided and the patient is progressing towards symmetric active range of motion, which usually occurs at four weeks post-operatively.
- Begin with isometrics with the arm at the side and then progress to bands and light weights as tolerated.
- Focus strengthening upon the rotator cuff, deltoid, and scapular stabilizers.
- Do not strengthen the rotator cuff more frequently than three times per week to avoid tendonitis. Avoid positions of impingement during strengthening.
- Begin eccentrics, plyometrics, and sport-specific exercises at two months post-operatively.

- Return to athletics, including pitching, at three months.
- Begin throwing from the mound and collision sports at 4.5 months post-operatively.

Please provide a home exercise program.

Modalities

Heat before therapy, cryotherapy afterwards. Remaining modalities as per treating therapist.

Frequency: 2-3 times/week

Duration: 6 weeks