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BICEPS TENODESIS PROTOCOL

Rehab progression summary:

6 weeks	Immobilization: Sling x 6 weeks
2-6 weeks	Passive ROM (Phase I) gradually progress to AAROM as indicated by patient progress
6-10 weeks	AROM (Phase II)
10-12 weeks	AROM to Strength progression (Phase III)
12-16+ weeks	Strength progression and sport specific exercise

Phase I – PROM / AAROM (weeks 2-6) 1st therapy session at 2 weeks post-op

Goals:

1. Well healed wounds
2. Pain control
3. Increase motion by 15 to 30 degrees each plane of motion

Treatment Strategies:

- Passive ROM, progression to AAROM by therapist
- Passive ROM exercise at home
- Gradually progress to AAROM as patient progress allows
- Scapular stabilization / mobility
- Joint mobilizations Gr I-III

Patient education:

- NO ACTIVE MOVEMENT –ESPECIALLY FORWARD FLEXION OR ELBOW FLEXION. DO NOT HOLD ANYTHING IN HAND—E.G COFFEE CUP,
- Sling at all times except to shower and do exercises (week 0-4)
- Wean from sling week 4-5. Continue to use sling when in high-risk situations.

PHASE II – Progression to AROM (Week 6-10)

Goals:

1. Control scapular substitution with movement
2. Passive ROM approaching normal values
3. AROM with good scapulo-humeral rhythm

Treatment Strategies:

- Continue PROM and AAROM as needed to gain mobility and strength

- Begin AROM with emphasis on scapular rhythm
- Sub-maximal isometrics
- Rhythmic stabilization
- Scapular stabilization progression

PHASE III – AROM to Strength progression (Weeks 10-16)

Goals:

1. Range of motion within normal limits
2. Active range of motion with normal scapular rhythm

Treatment Strategies:

- Continue range of motion work until equal to normal
- Begin early progressive resistance exercise. Progression as determined by therapist

PHASE IV - Strengthening (4-6 months)

Goals:

1. Strength with ADL's approaching normal.
2. Progressive return to throwing.

Treatment strategies:

- Continue progression of rotator cuff PRE's
- Begin general upper body strengthening exercise
- Begin pre-throwing and throwing progression for throwing athletes.

PHASE V – Return to Activity / Sport (6-9 months)

Goals:

1. Return to all work and sport activities

Treatment strategies:

- Gradual return to activity
- Continue HEP for rotator cuff and general upper body strengthening
- Isokinetic evaluation as determined by therapist / physician