

Biceps Tenodesis Post-Operative Protocol

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Patient Name: _____ Surgery Date: _____

Diagnosis: _____ Date: _____

MD Signature:

0-4 Weeks Post-Op PASSIVE Range of Motion (PROM)

- Glenohumeral ER – Work toward full ER (Position in 15° to 20° of ABD. Focus on GH ROM not just gross shoulder motion. If there is a subscapularis repair, check with MD about ER restrictions.)
- Gross shoulder elevation (scaption) 0°-140°. No sagittal plane flexion stretch.
- No IR stretch (Arm to stomach when elbow at side only.)
- Hand/wrist/elbow ROM
- Pendulums/Codmans
- Sling 24 hours a day
- OK to remove pillow from sling at 4 weeks post-op
- Postural work, upper trapezius relaxation program, active scapular retraction and depression
- Encourage walking program

4-8 Weeks Post-Op ACTIVE ASSISTED Range of Motion (AAROM)

- Assistance with opposite hand is considered active assisted.
- Glenohumeral ER – Work toward full ER (OK to work between 0°-45° of abduction.)
- Begin active assisted supine scaption (When patient reaches 150° progress to standing scaption.)
- Elevation (scaption) 0°-160° degrees
- No sling needed. May use for safety.
- OK to use hand for functional tasks (Eating, washing, typing and dressing, etc.)
- No lifting over 2-3 lbs
- Ok to drive automatic vehicle without sling

** Goals at 8 weeks: Full ER, scaption to 160 degrees, minimal pain and good posture.

8 Weeks Post-Op ACTIVE Range of Motion (AROM)

- Ok to begin pure flexion and ABD stretches, IR stretch. (Begin supine and when at least 150° progress to upright)
- Isometrics

8 Weeks Post-Op RESISTANCE

- Begin gentle isotonic exercises
- Closed chain exercises such as wall pushups
- OK to drive stick shift vehicle with arm
- OK to lift 20-30 lbs

3 Months Post-Op RETURN TO SOME SPORTS

- Golf, fishing

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- Throwing, racquet sports, skiing, snowboarding, climbing