

Arthroscopic Bicep Tenodesis

PHYSICAL THERAPY PROTOCOL

Travis Hendry MD



General:

- Cryotherapy to be emphasized.
- Showering at 72 hrs
- Desk work when comfortable with elbow supported/sling
- HEP weeks 1-2
 - Pendulum
 - Elbow/Wrist/Hand ROM
 - Scapula exercises
- Formal PT to begin 2-3 wks post op.
- Driving
 - No resisted use of the bicep, may drive once off pain medication and competent
- **GOAL:** Allow for early active use of shoulder while protecting bicep repair

	Week	1	2	3	4	5	6	7	8	9	10	11	12
P R O M	Flexion	As tolerated, full by week 4-6											
	Abd/Ext	As tolerated, full by week 4-6											
	IR/ER	Progress as tolerated, full by week 6-8											
AAROM			All motions as tolerated (pulley, cane, wand)										
A R O M	Flexion/ Abd/IR/ER/ Ext	NONE		AROM as tolerated No bicep resistance Caution: ADL's Only light lift/push/pull (5 lbs)				Progressive resistive exercises, begin with low resistance					
Sling		Plain sling		Discontinue use of sling									

Strengthening and Conditioning

Phase1: Weeks 0-6	Phase 2: Weeks 6-12	Phase 3: Weeks 12+
Elbow/Wrist/Hand: • AROM as tolerated Shoulder: • Small pendulum exercises • Isolated scapular strengthening 2 weeks • Submaximal isometrics with elbow flexed for flexion, abduction, extension, internal rotation and external rotation.	• Resisted exercise: RC, Deltoid, Lat, Trap, Peri scap • Isotonic external rotation • Prone/sidelying exercises • Light biceps/triceps • Rhythmic stabilization • Progressive resistive exercises (PREs) • Daily stretching until full symmetric ROM.	• Phase II exercises plus begin: • Plyometric exercises • Sport specific exercises 12 weeks • Bicep resistance max 10 lbs • Gradual increase to resistance 4-6 months • Return to sport with MD approval

1551 S RENAISSANCE TOWNE DRIVE, SUITE 400 BOUNTIFUL, UT 84010 WWW.MOUNTAINORTHOCOM 801-295-7200 FAX: 801-295-4930

travishendrymd.com