

ROBERT C. GRUMET, MD

BICEPS TENODESIS PROTOCOL

Name _____ Date _____

Diagnosis _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

Weeks 1-6:

- Sling during sleep for first 4 weeks; only use while awake if pt. having difficulty with keeping elbow flexion passive, or if going out into public areas/car/etc.
- PROM only in biceps flexion for first 6 weeks. This gives biceps tendon time to heal into new insertion site on humerus without being stressed
- Elbow extension should be passive for 2 weeks, then active-assist until 6 weeks post-op as to no eccentrically stress the biceps tendon
- Passive stretching at end ranges to ensure full flexion/extension
- Also encourage pronation/supination/wrist ROM/gripping
- Maintain shoulder motion by progressing PROM → AROM without restrictions
- ROM goals: Full passive flexion and extension at elbow; full shoulder AROM
- No resisted motions until 12 weeks post-op
- Heat before PT sessions; other physical modalities per PT discretion

Weeks 6-12:

- D/C sling totally if not done previously
- Begin AROM for elbow in all directions with passive stretching at end ranges to maintain or increase biceps/elbow flexibility and ROM
- Begin light isometrics with arm at side for rotator cuff and deltoid; can advance to bands as tolerated

Months 3-12:

- Begin elbow strengthening as tolerated: isometrics → bands → weights; 10 reps and 1 set per exercise for biceps, triceps, rotator cuff, deltoid and scapular stabilizers
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- If ROM lacking, increase to full with passive stretching at end ranges
- Begin eccentrically resisted motions, plyometrics, and closed chain exercises at 12 weeks.

Comments:

____ Functional Capacity Evaluation ____ Work Hardening/Work Conditioning ____ Teach HEP

Modalities

____ Electric Stimulation ____ Ultrasound ____ Iontophoresis ____ Phonophoresis ____ TENS ____ Heat before/after

____ Ice before/after ____ Trigger points massage ____ Other _____ ____ Therapist's discretion

Signature _____ Date _____

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