

**MINI OPEN BICEPS TENODESIS REHABILITATION PROTOCOL (without Rotator Cuff repair)**

\*\*The following is an outlined progression for rehabilitation following surgery. The following are suggested time frames for progression. Proper progression through the phases of rehabilitation should be based on the individual case (i.e. age, patient history, activity level, revision surgery, etc.). The advice of the Dr. Young and/or Jake, along with clinical judgment by the physical therapist should be utilized when necessary. \*\*

**General Guidelines:**

- Initiation of strengthening activities with elbow flexion or supination (any exercises that stress the biceps), can begin at approximately 12 weeks following biceps tenodesis. Begin with light (1 lbs.) weight and proceed with a gradual progression.
- Sling for 2 weeks - can be removed during physical therapy exercises, showering, typing on the computer, writing a letter, etc.
- Sling must be worn during sleep and for "at risk" situations for approximately 4 weeks.

**Phase I (Week 1-4)**

**Goals:**

- Protection of biceps tenodesis
- Control pain and inflammation
- Weaning out of shoulder sling completely by 4 weeks.

**Week 1**

- Cervical spine ROM
- Pendulum exercises
- Modalities PRN
- Elbow, Wrist, hand AROM (\*No active elbow flexion or supination)
- Ball Squeeze
- Shoulder shrugs and retractions (no weight)
- Patient may begin on the stationary bike or recumbent bike for overall CVE in the first week if there pain is under control

**Weeks 2-4**

- Continue previous exercises
- Stationary bike or recumbent bike for overall CVE

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- Core strengthening
  - Initiate gentle pain PROM for shoulder forward elevation and external rotation
  - Progress to AAROM with the shoulder and elbow at approximately week 4.
  - Initiate sub-maximal shoulder isometrics

**Criteria to progress to Phase II**

- Minimal to no shoulder pain and inflammation
- Patient has shown progression with ROM

**Phase II (Week 4 - 8)**

**Goals:**

- Full ROM
- Maintain minimal to no shoulder pain
- Discontinue sling during day and night.

**Suggested Exercises:**

- Continue previous exercises from Phase I
- Daily upper extremity stretching program
- Initiate scapular strengthening with scapular retractions
- Initiate AROM of elbow – pronation/supination and flexion/extension by the end of Phase II, pending patient progression.
- Initiate AROM of forward elevation in scapular plane beginning in the supine position and progressing to the standing position focusing on proper mechanics.
- Sub-maximal isometrics with the arm at the side for rotator cuff and deltoid strengthening.

**Criteria to progress to Phase III:**

- Normal ROM, minimal to no pain

**Phase III: (Week 8 - 12)**

**Goals:**

- Maintain full AROM
- Minimal to no shoulder/biceps pain
- Gradual progression with light strengthening exercises

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**Suggested Exercises:**

- Continue to progress with exercises from Phase 2

**Phase IV: (Week 12 - 16)**

**Goals:**

- Improve strength and neuromuscular control
- Maintain full AROM

**Suggested Exercises:**

- Continue to progress with previous exercises from Phase III
- Initiate light biceps strengthening (beginning with one pound) at Week 12.
- Progression with overall shoulder strengthening program.
- Can initiate push up progression, beginning with wall pushups at Week 16.
- Rhythmic stabilization exercises

**Criteria to advance to Phase V:**

- Full pain free AROM of the shoulder and elbow
- Noted gradual patient progression with strengthening exercises

**Phase V: (16 Weeks +)**

- Continue to progress with previous exercises
- Advance biceps strengthening to 2 lb. or greater and continue with gradual progression
- Progress previous strengthening program; continue to increase weight resistance with isotonic (base progression on patient diagnoses, personal goals, lifestyle, etc.). Use clinical judgment with exercises to include along with HEP.
- Focus exercises on eccentric strengthening of post. rotator cuff and scapular muscles
- Initiate sport/work specific drills or activities

Initiate appropriate interval throwing, pitching, tennis, and golf program as appropriate at 16 weeks. Begin with mechanics and progress as tolerated.

Return to sport, work, and prior activity level unrestricted based on clearance by Dr. Young and completion of formal physical therapy program.