

Biceps Tenodesis Rehabilitation Protocol

***Following a biceps tenodesis, the patient should avoid ACTIVE ELBOW FLEXION for six weeks post-op to decrease the stress on the healing tissues. Early passive range of motion is highly beneficial and is not limited following a biceps tenodesis.

Phase I (Weeks 0-4)

- Sling immobilization to be worn at all times except for showering and rehab under guidance of PT
- Range of Motion –PROM →AAROM → AROM of elbow as tolerated without resistance (allows biceps tendon to heal into new insertion on the humerus without being stressed), AROM of shoulder (no restriction)
- Goals: full passive flexion/extension at elbow and full shoulder AROM
- Encourage pronation/supination without resistance
- Grip strengthening
- Heat/Ice as needed

Phase II (Weeks 4-12)

- Discontinue sling immobilization
- Range of Motion
- Begin AROM of elbow with passive stretching at end ranges to maintain/increase elbow/biceps flexibility
- Begin light isometrics with arm at side for rotator cuff and deltoid – can advance to bands as tolerated
- Begin light resistive biceps strengthening at 8 weeks
- Modalities per PT discretion

Phase III (Months 3-6)

- Range of Motion – Progress to full AROM of elbow without discomfort
- Continue and progress with Phase II exercises
- Begin UE ergometer
- Begin sport-specific rehabilitation
- Return to throwing at 3 months
- Throwing from a mound at 4.5 months
- Return to sports at 6 months if approved
- Modalities per PT discretion