

Patient Name:

Patient Phone:

Surgery/DOS:

Surgeon:

OPEN BICEPS TENODESIS REHABILITATION PROTOCOL

RESTRICTIONS:

Sling x 3 weeks. ROM: Limited initially, begin full AROM at 3 weeks.

Week 0-3: No resisted elbow flexion. Week 3-6: <5 lb limit

Stage I/early recovery: week 0 to 3

Protect surgical repair. Begin PT 3-5 days after surgery. PT 2 times per week.

PROM: first 2 weeks: ER (30 deg), FF/scaption (150 deg), abd (150 deg), IR (full). **Full ROM at 3 weeks.**

Therapeutic Ex: Pendulums, ball squeeze, elbow/wrist/hand motion. Scap retraction/depression. **No isometrics until week 3**, then begin isometric ER/IR/Flex/Ext/Abd

Other: may use computer with supported arm. Ice/Compression/Edema control.

Stage II: week 4 to 8

Begin active ROM, wean from sling, begin using arm for ADLs. PT 2 times per week.

Motion: continue ER, FE, ER, IR. Add AAROM. Therapeutic Ex: Begin sidelying ER, salutes, prone row progression, open chain proprioception, full can, towel IR, door jam series. **Week 6 begin Y's**, and ER at 90 deg in prone, 90/90 stretch, supine punch, rows, bicep/triceps

Stage III: week 9 to 16

Motion: full

Ther ex: Continue ER, IR, full can, bicep curl, triceps extension, double arm ER. Begin bear hugs, ER at 45 & 90 deg, rhythmic stabilization/NM control. **Week 10 begin** initial closed chain stability. Progress to advanced closed chain stability **week 13**. Okay to lift > 5lbs and to begin overhead activity.

Stage IV: week 17+

Continue mobility and motion for maintenance.

Continue ER, IR, full can, bicep curl, triceps extension, double arm ER, bear hugs, ER at 45 & 90 deg, rhythmic stabilization/NM control. Progress closed chain stability. Begin plyometrics if applicable.

High level activities. Overhead and serving sports (tennis, volleyball), contact sports (football, hockey, lacrosse), and swimming will generally occur after 6 months and is dependent on exercise testing results

Comments:

Modalities:

Dry Needling

Cupping

Electrical Stim

Soft tissue mobilization/Manual therapy/Graston

Per treating therapist

Signature _____ **Date** _____