

Shoulder Rehabilitation Guidelines for Biceps Tenodesis

The bicep tendon has been reattached. Other procedures may have been involved such as rotator cuff repair, A/C joint resection or labral reattachment. Smoking is discouraged post-op to promote healing. The sling stays on at all times when not exercising, ranging from four to six weeks.

Please keep in mind the driving surgical intervention. Sometimes multiple simultaneous procedures are performed on the shoulder. In this event, the driving surgery should take precedence over the other procedures in terms of rehabilitation in the following order: posterior capsular stabilization (either etac or open) > rotator cuff repair > anterior capsulorrhaphy (ETAC) > superior labrum anterior posterior repair > anterior capsulorrhaphy or bankart repair (open) > total shoulder replacement or hemiarthroplasty > biceps tenodesis > adhesive capsulitis MUA or resection > subacromial decompression.

Phase I: Day 1 to 4 Weeks

- Gravity pendulum exercises, 20 seconds, four times a day: swing front to back and side to side
- Advance to circular gravity swing (clockwise for left shoulder and counterclockwise for right shoulder)
- Place back in sling when not exercising except to shower
- Release wrist strap four times a day for 20 seconds to bend and extend elbow. Then reattach straps.
- Can passively externally rotate to 20 degrees with arm at side
- Cervical spine active range of motion.
- Cryotherapy use is encouraged.

Phase II: Weeks 4 to 6

- Can wall climb forward and lateral to 110 degrees four times a day, for four to six weeks.
- Can passively or actively externally rotate up to 30 degrees at side and 90 abduction, progressing up to no more than minus 10 degrees of external rotation compared to the other side.
- Passive horizontal flexion 20 degrees past straight front of body. If these motions are achieved, progressive resistance exercise and one to two pounds strengthening can be initiated.
- Shoulder shrugs and range of motion retraining, no passive stretching beyond and above limits: postural retraining.
- Can initiate deltoid strengthening, elastic tubing or Theraband, free weights or wall pulleys.
- Discontinue use of abduction pillow at four weeks. Wean off of sling between four to six weeks.

Phase III: Weeks 6 to 8

- Can initiate peri-scapular, deltoid, biceps, triceps strengthening with elastic tubing, free weights or wall pulleys.
- Do not stretch the last 10 degrees of external rotation or abduction as compared to opposite side. Let this come back on its own, but should be stretched up to this point.
- Emphasize posture, scapular stabilization (protraction, retraction and elevation) and external/internal muscular endurance.

Phase IV: Weeks 8 to 12

- Advance to home program or self-directed gym program, teaching proprioceptive neuromuscular facilitation patterns, upright rows, shoulder strengthening and endurance.
- Patient may monitor this one to two times a month and make adjustments.
- Patient should avoid overhead activities and vibration.
- Patient may gradually progress up to lifting, pushing and pulling up to 50 percent of “normal” load.

Phase V: 12 Weeks +

- Patient gradually progress to lifting, pushing and pulling up to 100 percent over the course of the next four weeks.
- Patient may progress to overhead activities by four months post-op.
- Start functional rehabilitation for throwing or other functional rehabilitation programs as necessary.

Helping you achieve the optimal activity level
for your lifestyle is my first priority.

- Scott Gudeman, MD



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