



Call my assistant Cameron for appts, questions, concerns: 307-745-1409
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REHABILITATION GUIDELINES FOR BICEPS TENODESIS WITHOUT ROTATOR CUFF

PHASE I (0-6 WEEKS)

DATES:

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| Appointments | <ul style="list-style-type: none"> • Rehabilitation appointments begin within 7 to 10 days after surgery and continue 1 to 2 times per week |
| Rehabilitation Goals | <ul style="list-style-type: none"> • Protection of the post-surgical shoulder • Activation of the stabilizing muscles of the gleno-humeral and scapulo-thoracic joints |
| Precautions | <ul style="list-style-type: none"> • Sling immobilization required for soft tissue healing • Hypersensitivity in axillary nerve distribution is a common occurrence • No bicep tension for 6 weeks to protect repaired tissues—this includes avoiding long lever arm flexion range of motion and no resisted forearm supination, elbow flexion or shoulder flexion • Limit external rotation to 40° for the first 4 weeks • No extension or horizontal extension past body for 4 weeks |
| Suggested Therapeutic Exercises | <p>Begin week 3 with sub-maximal shoulder isometrics for internal rotation; external rotation; abduction; and adduction</p> <ul style="list-style-type: none"> • Hand gripping • Cervical spine and scapular active range of motion • Desensitization techniques for axillary nerve distribution |
| Cardiovascular Exercises | <ul style="list-style-type: none"> • Walking, stationary bike—sling on. • No treadmill or swimming • Avoid running and jumping due to the distractive forces that can occur at landing |
| Progression Criteria | <ul style="list-style-type: none"> • Rehab goals met • Diminished swelling |

PHASE II (6-8 WEEKS)

DATES:

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| Appointments | <ul style="list-style-type: none"> • Rehabilitation appointments are 1 time a week for 1 to 2 weeks |
| Rehabilitation Goals | <ul style="list-style-type: none"> • Full active range of motion • Full rotator cuff strength in a neutral position |



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| Precautions | <ul style="list-style-type: none"> • Begin bicep progressive resistive exercises very gradually—this includes avoiding long lever arm flexion range of motion and avoiding resisted forearm supination, elbow flexion or shoulder flexion • No passive range of motion for abduction and external rotation or extension |
| Suggested Therapeutic Exercises | <ul style="list-style-type: none"> • Scapular squeezes • Internal and external rotation in neutral with Theraband resistance— make sure patient is not supinating with external rotation movement • Ball squeezes |
| Cardiovascular Exercises | <ul style="list-style-type: none"> • Walking and/or stationary bike without using arms (No Airdyne) • No treadmill, swimming or running |
| Progression Criteria | <ul style="list-style-type: none"> • PROM goals met, Good tolerance to submax isometrics |

PHASE III (8-12 WEEKS) DATES:

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| Appointments | <ul style="list-style-type: none"> • Rehabilitation appointments are 1 to 2 times per week |
| Rehabilitation Goals | <ul style="list-style-type: none"> • Full active range of motion in all cardinal planes with normal scapulo-humeral movement. • 5/5 (full strength) rotator cuff strength at 90° abduction in the scapular plane • 5/5 peri-scapular strength |
| Precautions | <ul style="list-style-type: none"> • All exercises and activities to remain non-provocative and low to medium velocity • Avoid activities where there is a higher risk for falling or outside forces to be applied to the arm • No Swimming, throwing or sports |
| Suggested Therapeutic Exercises | <p>Motion • Posterior glides if posterior capsule tightness is present</p> <p>Strength and Stabilization • Flexion in prone, horizontal abduction in prone, full can extension, and D1 and D2 diagonals in standing</p> <p>• Theraband, cable column, and/or dumbbell (light resistance/high repetitions) in internal rotation and external rotation in 90° of abduction</p> <p>• Rowing</p> <p>• Balance board in push-up position (with rhythmic stabilization); prone Swiss ball walkouts; rapid alternating movements in supine D2 diagonal; and closed kinetic chain stabilization with narrow base of support</p> |
| Cardiovascular Exercises | <ul style="list-style-type: none"> • Walking, biking, Stairmaster and running (if Phase II criteria is met) • No swimming |
| Progression Criteria | <ul style="list-style-type: none"> • The patient can progress to Phase IV if they have met the above stated goals and have no apprehension or impingement signs |

PHASE IV (WEEKS 12-20)
DATES:



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| Appointments | <ul style="list-style-type: none"> Rehabilitation appointments are once every 2 to 3 weeks |
| Rehabilitation Goals | <ul style="list-style-type: none"> Patient to demonstrate stability with higher velocity movements and change of direction movements 5/5 (full strength) rotator cuff strength with multiple repetition testing at 90° abduction in the scapular plane Full multi-plane active range of motion |
| Precautions | <ul style="list-style-type: none"> Progress gradually into provocative exercises by beginning with low velocity, known movement patterns |
| Suggested Therapeutic Exercises | <p>Motion • Posterior glides if posterior capsule tightness is present</p> <p>Strength and Stabilization • Dumbbell and medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90° abduction • Begin working towards more functional activities by emphasizing core and hip strength and control with shoulder exercises • Theraband, cable column and dumbbell in internal rotation and external rotation in 90° of abduction • Rowing • Higher velocity strengthening and control, such as the inertial, plyometrics, and rapid Theraband drills. Plyometrics should start with 2 hands below shoulder height and progress to overhead, then back to below shoulder with one hand, progressing again to overhead</p> |
| Cardiovascular Exercises | <ul style="list-style-type: none"> Walking, biking, Stairmaster and running (if Phase II criteria has been met) No Swimming |
| Progression Criteria | <ul style="list-style-type: none"> Patient may progress to Phase V if they have met the above stated goals and have no apprehension or impingement signs |

PHASE IV (WEEKS 20+)

DATES:

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| Appointments | <ul style="list-style-type: none"> Rehabilitation appointments are once every 2 to 3 weeks |
| Rehabilitation Goals | <ul style="list-style-type: none"> Patient to demonstrate stability with higher velocity movements and change of direction movements that replicate sport specific patterns (including swimming, throwing, etc) No apprehension or instability with high velocity overhead movements Improve core and hip strength and mobility to eliminate any compensatory stresses to the shoulder Cardiovascular endurance for specific sport or work demands |
| Precautions | <ul style="list-style-type: none"> Progress gradually into sport specific movement patterns |
| Suggested Therapeutic Exercises | <p>Motion • Posterior glides if posterior capsule tightness is present</p> |



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| | <p>Strength and Stabilization • Dumbbell and medicine ball exercises that incorporate trunk rotation and control with rotator cuff strengthening at 90° abduction and higher velocities • Begin working towards more sport specific activities • Initiate throwing program, overhead racquet program or return to swimming program depending on the athlete’s sport • High velocity strengthening and dynamic control, such as the inertial, plyometrics, and rapid Theraband drills</p> |
| <p>Cardiovascular Exercises</p> | <ul style="list-style-type: none"> • Design to use sport specific energy systems |
| <p>Progression Criteria</p> | <ul style="list-style-type: none"> • Patient may return to sport after receiving clearance from the orthopedic surgeon and the physical therapist/athletic trainer |

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