



**DR. CARL DIRAIMONDO / DR. BRIAN KURCZ / DR. CRAIG OLSON  
BICEPS TENODESIS POST-OP THERAPY PROTOCOL**

**Phase 1 – Passive Range of Motion (0-4 weeks)**

<b>Goals for Phase 1</b>	<b>Precautions for Phase 1</b>	<b>Criteria to Progress to Phase 2</b>
<ul style="list-style-type: none"><li>• Therapy to start around 1-2 weeks post-op</li><li>• Gentle elbow AAROM</li><li>• Full shoulder PROM, proceed slow with ER</li><li>• Enhance/ensure adequate scapular function</li><li>• Pain control</li></ul>	<ul style="list-style-type: none"><li>• Sling abduction pillow worn for 3-4 weeks day/night or as indicated by physician</li><li>• No resisted elbow flexion or forearm supination</li><li>• No soft tissue techniques to the proximal biceps tendon/tenodesis site</li></ul>	<ul style="list-style-type: none"><li>• Appropriate healing of the surgical incision</li><li>• Full PROM of shoulder and elbow</li><li>• Completion of phase 1 activities without pain or difficulty</li></ul>

**At Initial Evaluation**

- Remove post-surgical dressings if needed
- Initial HEP to include scapular retractions, supported arm hangs, active assisted elbow and forearm motion, active wrist and hand motion
- Edema management
- Pain control

**Example Exercises for Progression as Able**

- Continue with scapular retraction/clocks
- Continue with pain free elbow/forearm PROM/AAROM: elbow flexion/extension and forearm supination/pronation
- Continue with wrist/hand AROM (flexion, extension, deviation, ball squeeze, tendon glides)
- Continue with supported arm hangs, progress to unsupported if pain free
- Continue with edema management for hand and wrist (tendon glides, Tubigrip, edema glove, Kinesiotape)
- Modalities PRN for pain/inflammation
- Gentle soft tissue mobilization (avoid proximal biceps tendon/tenodesis site)
- Joint mobs grade 1&2, avoid posterior capsule stretching
- Shoulder PROM all planes, ER/IR at 45 degrees abduction, do not push into painful motion but no motion limitations
- Shoulder isometrics (abduction, adduction, ER, IR only)
- Cervical/thoracic stretching



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**Phase 2 – Active Range of Motion (4-6 weeks)**

<b>Goals for Phase 2</b>	<b>Precautions for Phase 2</b>	<b>Criteria to Progress to Phase 3</b>
<ul style="list-style-type: none"><li>• Week 3-4: Wean from sling - may continue use with IADLs, in community, or overnight (as indicated by physician)</li><li>• Progress PROM to full range</li><li>• Elbow AROM into gentle strengthening</li><li>• Pain control</li><li>• Can return to light computer work</li><li>• Can begin light waist level functional activities</li></ul>	<ul style="list-style-type: none"><li>• No weight bearing through arms (i.e. no quadruped or pushing up from chair)</li></ul>	<ul style="list-style-type: none"><li>• Restore full AROM of shoulder and elbow</li><li>• Appropriate scapular posture at rest and dynamic scapular control with ROM</li><li>• Completion of phase 2 activities without pain or difficulty</li></ul>

**Treatment/Exercise for Progression**

- Initiate gentle scar massage 2-3 days following suture removal
- Elbow and forearm AROM without resistance
- Joint mobs grade 3&4 to GH/SCJ/ACJ and scapulothoracic mobility including posterior capsule
- Shoulder AAROM pulleys, table slides, supported wall climbs (watch scapular control)
- Shoulder circles, ABCs
- Continue with shoulder isometrics
- Elbow isometrics flexion/extension, supination/pronation
- Arm bike, no resistance
- Thoracic mobilization and stretching exercises
- Modalities PRN for pain/inflammation



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**Phase 3 – Early Strengthening Phase (6-8 weeks)**

<b>Goals for Phase 3</b>	<b>Criteria to Progress to Phase 4</b>
<ul style="list-style-type: none"><li>• Normalize strength, endurance, and neuromuscular control once patient has near full ROM</li><li>• Return to chest level full functional activities</li></ul>	<ul style="list-style-type: none"><li>• Appropriate rotator cuff and scapular muscular performance for chest level activities</li><li>• Completion of phase 3 activities without pain or difficulty</li></ul>

**Treatment/Exercise for Progression**

- Continue A/PROM of shoulder and elbow as needed
- Initiate biceps curls with light resistance, progress as tolerated
- Initiate supination/pronation with light resistance
- Begin rhythmic stabilization drills: ER/IR in the scapular plane; flexion/extension and abduction/adduction at various angles of elevation
- Body blade
- Strengthen shoulder flexion in scapular plane to 90 degrees
- ER strengthening in side lying
- Prone: extension, rowing, W, T, (avoid “I” and “Y”)



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**Phase 4 – Strengthening (8-10 weeks)**

<b>Goals for Phase 4</b>	<b>Precautions for Phase 4</b>	<b>Criteria to Return to Overhead Work and Sport Activities</b>
<ul style="list-style-type: none"><li>• Maintain full non-painful AROM</li></ul>	<ul style="list-style-type: none"><li>• Avoid excessive anterior capsule stress</li></ul>	<ul style="list-style-type: none"><li>• Clearance from physician</li><li>• No complaints of pain</li><li>• Adequate ROM, strength and endurance of rotator cuff and scapular musculature for task completion</li><li>• Compliance with continued home exercise program</li></ul>

**Treatment/Exercise for Progression**

- Closed chain exercises: pushups, wall ball circles, serratus press (progression: on wall, countertop, quadruped)
- IR strengthening: bands, free weights
- PNFs, diagonals



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**Phase 5 – Sports/Advanced Strengthening (10+ weeks)**

<b>Goals for Phase 5</b>	<b>Precautions for Phase 5</b>
<ul style="list-style-type: none"><li>• Return to full work and recreational activities</li></ul>	<ul style="list-style-type: none"><li>• Avoid excessive anterior capsule stress</li></ul>

**Treatment/Exercise for Progression**

- Weightlifting, cable column (avoid military press and wide grip bench press)
- Strengthening overhead if ROM and strength below 90-degree elevation is good
- Progressive return to upper extremity weightlifting program emphasizing the larger, primary upper extremity muscles
- Transition to work conditioning program if appropriate