



DR. CARL DIRAIMONDO
BICEPS TENODESIS POST-OP THERAPY PROTOCOL

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

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

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)

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

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)

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

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)

| Goals for Phase 4 | Precautions for Phase 4 |
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| <ul style="list-style-type: none">• Maintain full non-painful AROM | <ul style="list-style-type: none">• Avoid excessive anterior capsule stress |

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

Return to Overhead Work and Sport Activities

- Clearance from physician
- No complaints of pain
- Adequate ROM, strength and endurance of rotator cuff and scapular musculature for task completion
- Compliance with continued home exercise program



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

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|--|---|
| Goals for Phase 5 <ul style="list-style-type: none">• Return to full work and recreational activities | Precautions for Phase 5 <ul style="list-style-type: none">• Avoid excessive anteriorcapsule stress |
|--|---|

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