ALLEN ORTHOPEDICS & SPORTS MEDICINE

REHABILITATION FOLLOWING OPEN/ARTHROSCOPIC BICEPS TENODESIS

PRECAUTIONS: No heavy object lifting overhead No jerking movements Do not use affected shoulder in sitting or rising No active biceps contractions for 4-6 weeks No active shoulder flexion for 4-6 weeks

Sling x 4 weeks (brace/abduction pillow for first 2)

Phase I. Protection Phase (0-2 weeks)

Goals:

- Re-establish non-painful ROM
- Retard muscular atrophy
- Re-establish dynamic stabilization
- Decrease pain/inflammation

A. Week One

Range of Motion:

- Pendulums
- Rope and pulley (non painful arc of motion)
- L-bar exercises (Elevation in scapular plane and ER/IR beginning at 30 degrees abduction and progressing to 45 degrees abduction
- Shoulder PROM flexion approx. 90° initially then gradually increase during first 2 weeks
- Shoulder PROM ER/IR @ 45° ABD to tolerance (caution w/ excessive ER)
- Elbow PROM initially 20°- 90 then gradually increase

Strengthening exercises:

- Submaximal, pain free shoulder isometrics- extension abduction, ER, IR
- Rhythmic stabilization exercises (ER/IR and extension)

Decrease pain/inflammation:

- Ice, NSAIDS, modalities
- B. Week Two
 - Continue all Rom exercises
 - May initiate heat prior to exercise
 - Initiate ER/IR with L-bar at 90 degrees abduction
 - Progress elevation to full Rom
 - Progress isometrics
 - Initiate ER/IR tubing at 0 degrees abduction
 - Elbow PROM week 2: 10° 125°

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II. Early Motion Phase (Week 3-6)

Goals:

- Regain and improve muscular strength
- Normalize arthrokinematics
- Improve neuromuscular control of the shoulder complex
- Diminish pain

Criteria to progress to Phase II:

- 1. Full ROM
- 2. Minimal pain and tenderness
- 3. Good MMT or IR, ER, flexion

A. Week 3-4

Exercises:

- Initiate isotonic program (no weight)
- Shoulder elevation
- Prone rowing
- Sidelying ER
- Shoulder abduction to 90 degrees, begin shoulder ER/IR at 90 deg abduction
- Shoulder extension to neutral
- Scapular strengthening (no prone horiz abduction), exercises with elbow at 90 deg flexion
- After week 4, provided patient has no pain and proper form, initiate exercise with 1 pound weight
- Normalize arthrokinematics of shoulder complex
 - Continue L-bar ROM
 - Elevation in scapular plane
 - ER/IR at 90 degrees abduction
- Joint mobilization: Inferior, posterior and anterior glides

Decrease pain and inflammation:

- Continue use of modalities, ice as needed
- May use heat prior to exercise program
- C. Week 4-5: Progress to fundamental shoulder exercise program

Phase III. Dynamic Strengthening Phase (Week 6-12)

Goals:

- Improve strength/power/endurance
- Improve neuromuscular control
- Prepare athlete to return to sport

Criteria to progress to Phase III

- 1. Full non-painful ROM
- 2. No pain or tenderness

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- 3. Strength 70% compared to contralateral side
- A. Week 5-6

Exercises:

- Continue isotonic program fundamental shoulder
- Progress strengthening exercises
- Continue neuromuscular control exercises for scapular muscles
- Continue endurance exercises
- Initiate active shoulder scaption to 90 (full cans)
- Initiate active shoulder abduction
- Initiate isometric biceps week 6-8

Week 8-12

- Continue all exercises
- Initiate light resistance strengthening program

Phase IV: Return to Activity Phase (13-16)

Goals: Progressively increase activities to prepare for full functional return

Criteria to progress to Phase IV

- 1. Full ROM
- 2. No pain or tenderness
- 3. Satisfactory muscular strength
- 4. Satisfactory clinical exam

A. Exercises:

- Continue ROM and strengthening program
- Continue self capsular stretches as needed
- Continue fundamental shoulder exercise program
- Initiate biceps isotonics
- Initiate plyometric activities (2 hand chest pass, side to side throws, soccer throws)
- Initiate sport program (week (10-12) if patient achieves specific criteria
- Initiate one hand plyometric drills (wall dribbles, baseball throws, shovel throws)
- Continue or initiate interval sports program
- Gradually return to overhead activities i.e. sports