**Proximal Biceps Tenodesis**

**General Precautions:**

Overriding tenet is that patient may progress through this protocol as long as they do not experience pain during or immediately after exercising, and they do not experience increasing nighttime pain.

**Phase 1:** (week 0-1)

**Goals**

* Maintain / protect the integrity of repair
* Gradually increase AROM
* Diminish pain and inflammation
* Prevent muscular inhibition
* Become independent with modified ADLs

**Precautions**

* Maintain sling for comfort. Can remove as tolerated for exercises or ADL’s
* No sudden jerking motions
* Keep incision clean and dry

**Criteria for Progression to Phase 2**

* Active forward flexion to full
* Active ER to full
* Active IR to full
* Active abduction to full in the scapular plane

**Days 1 to 6**

* Sling for comfort
* Pendulum exercises
* Finger, wrist, and elbow AROM without weights
* Begin scapula musculature isometrics / sets; cervical ROM
* Cryotherapy for pain and inflammation

**Days 3 to 6**

* Begin pulley exercises in forward flexion and abduction without restrictions
* Maintain proper posture, joint protection, positioning and hygiene

**Days 7 to 28**

* Sling at night and day for comfort only
* Pendulum / pulley exercises
* Begin AROM to tolerance. No weight restrictions but must avoid rapid acceleration activities and / or loading of biceps
* ER in scapular plane
* IR in scapular plane
* Continue elbow, wrist, and finger AROM / resisted

###### Maximal isometrics for all cuff, periscapular, and shoulder musculature

* Cryotherapy is needed for pain control and inflammation
* May resume general conditioning program (e.g., walking, stationary bike) Aquatherapy / pool therapy may begin one week postoperative

**Phase 2:** (week 1-6)

**Goals**

* Allow healing of soft tissue
* Do not overstress healing tissue
* Full AROM
* Dynamic shoulder stability
* Gradual restoration of shoulder strength, power, and endurance
* Optimize neuromuscular control
* Gradual return to functional activities
* Decrease pain and inflammation

**Precautions**

* No sudden jerking motions

**Criteria for progression to Phase 3**

* Full AROM

**Weeks 3-4**

* Discontinue Sling
* Continue Cryotherapy as needed
* Gradually improve AROM
  + Flexion and elevation in the plane of the scapula
  + Abduction to full
  + External / Internal rotation to full
  + Extension to tolerance
* May use heat before ROM exercises
* Ice after ROM exercises
* Aquatherapy OK for AROM exercises

**Weeks 5-6**

* Continue AROM and stretching exercises
* Continue rotator cuff isometrics
* Continue periscapular exercises
* Gradually improve AROM
  + Flexion and elevation in the plane of the scapula to full
  + Abduction to full
  + External / Internal rotation to full
  + Extension to tolerance

**Phase 3:** (week 7-12)

**Goals**

* Maintain full non-painful AROM
* Advance conditioning exercises for enhanced functional use
* Improve muscular strength, power and endurance
* Gradual return to full activities

**Week 7**

* Continue ROM and self-capsular stretching for ROM maintenance
* Continue progression of strengthening
* Advance proprioceptive, neuromuscular activities
* Light sports (golf chipping / wedges, tennis ground strokes) if doing well
* Continue strengthening and stretching
* Continue stretching if motion is tight
* Initiate interval sports program (e.g., golf, doubles tennis) if appropriate