



## Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

### **BICEPS TENODESIS**

#### PHYSICAL THERAPY PROTOCOL

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Patient:	Date of Surgery:

**Procedure:** Right / Left Shoulder Biceps Tenodesis

<u>Associated Procedure</u> (circled if applicable):

Distal Clavicle Resection: If this was done, avoid cross-body adduction x 8wks

Acromioplasty: If this was done, avoid shoulder abduction x 6wks

Evaluate and Treat		Provide patient with home program	
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Frequency:	x/week x	weeks	

Phase I (0-4 wks): Period of protection: In general, sling should be worn at all times during this phase (except for hygiene and PT). Avoid resisted elbow motions until 4 wks.

#### Weeks 0-1: Formal PT is not mandatory.

- Sling at all times (except for hygiene and pendulums).
- <u>Home exercises only</u> (pendulums, elbow + wrist ROM, grip strengthening).

#### Weeks 1-4: Begin formal PT (2-3 x/wk).

- Sling at all times (except for hygiene and PT).
- <u>ROM</u>:
  - Shoulder: PROM → AAROM → AROM as tolerated, without restrictions (unless acromioplasty and/or distal clavicle resections (see above))
    - Goals: full AROM if possible
  - Elbow: PROM → AAROM → AROM (flex/ext/sup/pron)
     as tolerated (but NO resistance)
    - Goals: full passive ROM (flex/ext)
  - o Heat before, Ice after. Modalities as per PT discretion.
- <u>Strengthening</u>: NO RESISTED ELBOW MOTIONS UNTIL >4 WKS POST-OP
  - o Grip strengthening OK

# \_\_Phase II (4-12 wks): Advance motion out of the sling and begin maintenance strengthening.

- D/C sling if cleared by MD
- <u>ROM</u>: Advance AROM for elbow and shoulder in all directions (*depending on other procedures see below*), with passive stretching at end ranges.
  - o If distal clavicle resection done, may begin crossed-chest adduction after 8 wks; if acromioplasty done, may begin abduction after 6 wks.
  - o Goals: full AROM elbow and shoulder by 3 months.
- Strengthening (only 3x/wk to avoid cuff tendonitis):
  - o @ 6wks, start periscapular and cuff/deltoid isometrics at side; progress to bands as tolerated.

\_\_Phase III (3-12 months): Begin more aggressive strengthening and progress to sport-specific/occupation-specific rehab.



- <u>ROM</u>: Aggressive passive stretching at end ranges. Advance to full active ROM if not already achieved.
- Strengthening/Activities:
  - o Continue cuff/deltoid/periscapular strengthening:
    - Advance as tolerated from isometrics → bands → light weights (1-5lbs) w/8-12 reps x 2-3 sets for cuff, deltoid, scapular stabilizers (Only do this 3x/wk to avoid cuff tendonitis)
    - Begin eccentrically resisted motions, plyometrics (weighted ball toss), proprioception (body blade)
    - Sports-related rehab and advanced conditioning
  - @ 4.5 months, throw from the pitcher's mound
  - o @ 6 months, return to collision sports (hockey, football, etc.)
- Work:
  - O Can resume heavy labor once full-strength/MMI achieved (usually by 6-12 months)

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient wouldwould not benefit from social services.		
	Date:	
Bryan M. Saltzman, MD		