POST-OPERATIVE PROTOCOL · PHASE 1 · PAGE 1 OF 2

BICEPS TENODESIS

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These guidelines are a **framework** for the post-operative rehabilitation program. They **do not** substitute for any specific restrictions or requirements determined through the necessary shared decision-making and collaboration between the operating surgeon and the treating rehabilitation team.

PHASE 1	PHASE 2	PHASE 3	SLING	CLEARANCE
WEEKS 0–4	**WEEKS 4–12**	**MONTHS 3–6**	**2–4 WEEKS**	**4–9 MONTHS**
Protect the repair	Begin strengthening	Functional training	Wean, D/C at 4 weeks	Collision sport / full duty

1 PROTECT THE REPAIR · GENERALLY 0–4 WEEKS POST-OP

GOALS Protect the surgical repair · normal shoulder and elbow AROM · minimize pain and swelling

PRECAUTIONS	◆ **NO** resistance exercises for shoulder abduction or flexion × 4 weeks ◆ **NO** active elbow flexion or forearm supination >5 lbs	
SLING	◆ Sling / immobilizer must be worn except during rehabilitation exercises × 2 weeks	◆ Wean from the sling at 2–4 weeks
WOUND CARE	◆ Post-op dressing removed at PT evaluation ◆ Shower at post-op day 3	◆ Submerge in water after the wound is fully healed ◆ Suture removal at 7–14 days post-op by orthopaedics

MODALITIES — CRYOTHERAPY

- Cryotherapy
  - Hourly for 15 minutes for the first 24 hours after sensation is restored from the nerve block
  - Continue use until acute inflammation is controlled
  - Once controlled, use 3× per day for 15 minutes or longer as tolerated
- Soft tissue mobilization and other integrative medicine techniques
  - Soft tissue / trigger point work to the kinetic chain (cervical spine, scapula, forearm)

REHABILITATION — WEEKS 0–4

- Frequent use of cryotherapy and/or ice with compression / elevation
- As tolerated, progress exercises as wound healing occurs and the inflammatory response decreases
- ROM exercises
  - Shoulder PROM / AAROM within the above guidelines in a non-impingement position (hammer grip)
  - Scapular mobilizations
  - Modified pendulums in the sling; full pendulums after 3–5 days
- Strengthening
  - Hand squeezing exercises
  - Elbow / wrist AROM and grip strengthening with the shoulder in neutral at the side
  - Gentle sub-maximal (“two-finger”) shoulder isometrics
  - Blood flow restriction (BFR) for elbow flexion / extension on the uninvolved arm or LE for physiological benefit at 1–2 weeks
- Cardiovascular training
  - Recumbent bike while wearing the sling
  - **No running** or high-impact activity for aerobic training

FOLLOW-UP	◆ Supervised rehab: 2× per week ◆ PT re-eval: ~10–14 days	◆ Ortho re-eval: ~2 weeks
CRITERIA TO PROGRESS	◆ Minimal pain 4 weeks from surgery	

2 BEGIN STRENGTHENING · GENERALLY 4–12 WEEKS POST-OP

GOALS Initiate strengthening at 6 weeks · unrestricted activity by 3 months

PRECAUTIONS	◆ **NO** resisted elbow flexion >10 lbs during weeks 4–8 ◆ **NO** resisted elbow flexion >15 lbs during weeks 8–12 ◆ Avoid impingement positions, moderate or higher exertional activities with the involved arm, and high-impact aerobic training
SLING	◆ Discontinue the sling at 4 weeks post-op

REHABILITATION

WEEKS 4–12

- ROM exercises
- Trunk stabilization (non-weight-bearing)
- Scapular strengthening emphasising scapular retraction and upward rotators
- Shoulder strength and endurance progression
  - Continue base strengthening / isometrics as needed
  - Rotator cuff progressive resistance exercises (PREs) within elbow flexion precautions
  - Increase functional activities
- Modalities PRN
- Cardiovascular training: continue the recumbent bike, progress to elliptical (no push / pull with the surgical arm) and/or treadmill walking
- Adjunct treatments to consider: dry needling, manual therapy to the GH joint and cervicothoracic regions, aquatic walking with water at chest level or below (no UE movement or resistance, and no swimming)

FOLLOW-UP	◆ Supervised rehab: 2–3× per week ◆ PT re-eval: every 2 weeks	◆ Ortho re-eval: ~12 weeks

3 FUNCTIONAL TRAINING · GENERALLY 3–6 MONTHS POST-OP

GOALS Meet occupational requirements at 4–6 months · pass service fitness test at 6 months

PRECAUTIONS	◆ Initiate high-rep / low-weight biceps curls ◆ Avoid preacher curls or equipment that places the arm against a resistance surface until post-operative rehabilitation and return to duty are complete	
REHABILITATION	◆ Advanced specific, functional and individualized training to achieve Phase 4 goals (lift, pull, carry and climb in unloaded and loaded conditions)	
FOLLOW-UP	◆ Supervised rehab: 1–2× per week ◆ PT re-eval: monthly	◆ Ortho re-eval: ~6 months post-op
MISCELLANEOUS	◆ Progress activities for return to sport, collision sports or aggressive military training (e.g. airborne school) based on the patient's functional performance and endurance. This time period will be directed by the orthopaedic surgeon and the physical therapist and **may require between 4–9 months before clearance without restrictions**.	

REFERENCES

1. Hester WA, O'Brien MJ, Heard WMR, Savoie FH. Current concepts in the evaluation and management of type II superior labral lesions of the shoulder. *Open Orthop J.* 2018; 12: 331–341.
2. Sheps DM, Silveira A, Beaupre L, Styles-Tripp F, et al. Early active motion versus sling immobilization after arthroscopic rotator cuff repair: a randomized control trial. *Arthroscopy.* 2019; 35(3): 749–760.

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