

Andrew Green, MD
Associate Professor of Orthopaedic Surgery
Chief of Shoulder and Elbow Surgery
Warren Alpert Medical School, Brown University

Biceps Tenodesis

Please follow the protocol along with the instructions listed on the patient's referral

This protocol is for an isolated long head biceps tenodesis. The sling is to be worn for the first 4 weeks.

Please contact the physical therapy department at (401) 443-5000 if there are any questions. You may also refer to <http://www.universityorthopedics.com/physicians/green/patient.html> in the patient resources section of Dr. Green's section to view video of specific shoulder exercises.

The dressing may be removed three days after surgery. Leave the steri-strips on the incisions until one week after your surgery. After the dressing is removed you may shower quickly and gently pat your shoulder dry with a clean towel. If there is any drainage or concern about the healing of the incisions do not shower and just gently clean the surface of the shoulder with rubbing alcohol.

Week 0-6

Pendulum circumduction (no weights).

Passive self-assisted range of motion: supine forward elevation, supine external rotation, supine cross chest horizontal adduction, standing internal rotation behind back.

Neck ROM.

Scapular stabilization with serratus anterior, rhomboid and trapezius contraction.

Begin isometric deltoid at week 3.

Begin isometric IR/ER at week 5.

No active elbow flexion for the first 4 weeks.

Week 6

Should have close to full range of motion.

Begin isometric elbow flexion/extension after week 6.

May progress deltoid, shoulder internal and external rotation strengthening at this time.

Progressive resistance elbow flexion beyond 8 weeks.