

# Rehabilitation Protocol: Biceps Tenodesis



Hospital for Joint Diseases  
NYU LANGONE MEDICAL CENTER

**Craig M. Capeci, MD**  
Orthopaedic Surgery & Sports Medicine  
Clinical Assistant Professor

\_\_1095 Park Ave, NY 212-427-7750  
\_\_1056 5<sup>th</sup> Ave, NY 212-348-3636  
\_\_263 7<sup>th</sup> Ave, Bklyn 718-246-8700

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

**Phase I (Weeks 0-4)**

- Sling immobilization to be worn at all times except for showering and rehab under guidance of PT
- Range of Motion –PROM → AAROM → AROM of elbow as tolerated **without** resistance (allows biceps tendon to heal into new insertion on the humerus without being stressed), AROM of shoulder (no restriction)
  - Goals: full passive flexion/extension at elbow and full shoulder AROM
  - Encourage pronation/supination without resistance
  - Grip strengthening
- Heat/Ice before and after PT sessions

**Phase II (Weeks 4-12)**

- Discontinue sling immobilization
- Range of Motion
  - Begin AROM of elbow with passive stretching at end ranges to maintain/increase elbow/biceps flexibility
- Therapeutic Exercise
  - Begin light isometrics with arm at side for rotator cuff and deltoid – can advance to bands as tolerated
  - Begin light resistive biceps strengthening at **8 weeks**
- Modalities per PT discretion

**Phase III (Months 3-6)**

- Range of Motion – Progress to full AROM of elbow without discomfort
- Therapeutic Exercise
  - Continue and progress with Phase II exercises
  - Begin UE ergometer
  - Begin sport-specific rehabilitation
  - Return to throwing at 3 months
  - Throwing from a mound at 4.5 months
  - Return to sports at 6 months if approved
- Modalities per PT discretion

Comments:

Frequency: \_\_\_\_\_ times per week

Duration: \_\_\_\_\_ weeks

Signature: \_\_\_\_\_

Date: \_\_\_\_\_