HSS – ERPB
523 E 72nd St, 6th Fl
New York, NY

HSS – West Side
610 W 58th St
New York, NY

HSS – Brooklyn
148 39th St, 7th Floor
Brooklyn, NY

DR. GABRIELLA ODE

Sports Medicine & Shoulder Surgery

www.GabriellaOdeMD.com

www.gabriellaodemd.com

Ode Office Tel: 212.606.1403
Ode Office Fax: 917.260.4903

PHYSICAL THERAPY PROTOCOL
BICEPS TENODESIS

Procedure	Date of Surgery: _____ R L B/L Biceps Tenodesis [ ] Isolated biceps tenodesis [ ] With concomitant procedure: _____ Additional Procedures:_____	**PLAN** Physical Therapy for R L B/L Shoulder 2x Per Week x 12 Weeks
General Guidelines	The following Shoulder Biceps Tenodesis Post-operative Guidelines were developed by HSS Rehabilitation. They can be used for patients undergoing biceps tenodesis as a single procedure. If the patient is undergoing a concomitant surgery such as a rotator cuff repair or SLAP repair, refer to the clinical guidelines for those procedures while remaining mindful of biceps precautions — no resisted elbow flexion or supination until week 8. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression but do not replace clinical judgement. **FOLLOW SURGEON MODIFICATIONS AS PRESCRIBED** Adapted from the HSS Rehabilitation Shoulder Biceps Tenodesis Post-Operative Clinical Guidelines (created 12/2021; reviewed 9/2023).	
PHASE 1 (WEEKS 0-2)	**ASSESSMENT** ▪ Quick Disabilities of Arm, Shoulder and Hand (Quick DASH) ▪ Numeric Pain Rating Scale (NPRS) ▪ Mental status ▪ Post-anesthesia neurovascular screening ▪ Wound status ▪ Edema ▪ Shoulder and elbow passive range of motion (PROM) ▪ Cervical mobility ▪ Static scapular assessment (Kibler grading) ▪ Functional status – activities of daily living (ADL) and mobility	**PRECAUTIONS** ▪ **Sling for 2 weeks** when biceps tenodesis is performed as an isolated procedure. When performed with another procedure, follow the longer sling duration of that protocol. ▪ Sling is worn when walking around the home, for sleep and when leaving the house. It may be removed for showering and when seated and awake with the arm supported on an armrest or in the lap. ▪ No resisted elbow flexion or forearm supination

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	TREATMENT RECOMMENDATIONS ▪ Edema control ▪ PROM of the shoulder in all planes within tolerance (avoid aggressive stretching) ▪ Elbow PROM according to surgeon's preference ▪ Scapular retraction ▪ Codman's exercises ▪ Wrist and hand active range of motion (AROM) **EMPHASIZE** ▪ Protection of repair ▪ No resisted elbow flexion and supination	▪ Avoid painful activities **CRITERIA FOR ADVANCEMENT** ▪ Transfers unassisted and safe ▪ Independent with sling management, or caregivers independent with assistance ▪ Independent with ADLs ▪ Independent with HEP

PHASE 2 (WEEKS 2-6)	**ASSESSMENT**
	▪ Quick DASH
	▪ NPRS
	▪ Wound status
	▪ Edema
	▪ Shoulder and elbow PROM
	▪ Cervical mobility
	▪ Static scapular assessment (Kibler grading)
	▪ Functional status – ADL and mobility
	
	TREATMENT RECOMMENDATIONS
	▪ PROM by clinician: elbow, shoulder
	▪ Shoulder external rotation (ER) and internal rotation (IR) rhythmic stabilization with clinician
	▪ **Week 4: initiate ACTIVE elbow flexion and forearm supination (no resistance)**
	▪ Strengthening:
	  ○ Scapular exercises: isometric to isotonic
	  ○ RC exercises: isometric to isotonic (e.g., elastic band IR/ER, side-lying ER)
		PRECAUTIONS
		▪ Use sling per surgeon guideline (see Phase 1)
		▪ Avoid painful activities
		▪ No resisted elbow flexion or forearm supination
		▪ **Active elbow flexion and supination are permitted from week 4; resistance is not**
		
		CRITERIA FOR ADVANCEMENT
		▪ Full PROM and AROM shoulder

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	○ Prone row to neutral ○ Shoulder extension to neutral with resistance band ○ Row to neutral with resistance band **EMPHASIZE** ▪ Protection of repair ▪ Shoulder PROM and AROM ▪ No resisted elbow flexion or forearm supination	
PHASE 3 (WEEKS 7-12)	**ASSESSMENT** ▪ Quick DASH ▪ NPRS ▪ Palpation ▪ Cervical mobility ▪ Thoracic mobility ▪ Shoulder and elbow PROM/AROM ▪ Shoulder manual muscle testing (MMT) ▪ Grip strength ▪ Static/dynamic scapular assessment (Kibler grading) **TREATMENT RECOMMENDATIONS** ▪ Resistance band row and shoulder extension continuation ▪ Scapular exercise progressions ▪ RC exercise progression ▪ Scaption ▪ **Week 8: begin RESISTED biceps strengthening, progressing with light weight (active biceps flexion and supination already initiated at week 4)** ▪ Weeks 9-12: progress strength exercises	**PRECAUTIONS** ▪ No resisted elbow flexion and supination until 8 weeks **CRITERIA FOR ADVANCEMENT** ▪ Full pain free shoulder AROM ▪ Normalized scapular stabilization

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	EMPHASIZE ▪ Restoration of RC strength ▪ Avoid overuse ▪ Reduction of tissue irritability	

PHASE 4 (WEEKS 13-16)	**ASSESSMENT**
	▪ Quick DASH
	▪ NPRS
	▪ Palpation
	▪ Cervical mobility
	▪ Thoracic mobility
	▪ Shoulder PROM/AROM
	▪ Shoulder MMT
	▪ Grip strength
	▪ Static/dynamic scapular assessment (Kibler grading)
	
	TREATMENT RECOMMENDATIONS
	▪ Shoulder exercise progression
	  ○ RC and scapular stabilization exercise continuation
	  ○ Shoulder 90/90 IR/ER
	▪ Closed chain exercises: push-up progression
	▪ Initiate plyometrics as tolerated
	  ○ Plyometric progression (over a 4-week period): double hand chest pass; double hand overhead soccer pass; double hand chops; single hand IR at 0° shoulder abduction; eccentric catch; single hand 90/90 IR
	  ○ Endurance progression: double hand overhead wall taps; single arm 90/90 wall taps; single arm 12 o'clock to 3 o'clock wall taps; exercise blade at multiple angles
	
	EMPHASIZE
		PRECAUTIONS
		▪ Avoid tissue irritability
		
		CRITERIA FOR ADVANCEMENT
		▪ 5/5 MMT of RC muscles at 0° and 90° of shoulder abduction
		▪ 5/5 MMT of all scapular stabilizers
		▪ Full AROM of all elbow and shoulder motions
		▪ Symptom-free progression through plyometrics and endurance program

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	▪ Shoulder flexibility, strength and endurance ▪ Shoulder dynamic stability ▪ Pain-free plyometrics	
PHASE 5 (WEEKS 17+)	**ASSESSMENT** ▪ Quick DASH ▪ NPRS ▪ Shoulder PROM/AROM ▪ Palpation ▪ Static/dynamic scapular assessment (Kibler grading) ▪ Cervical mobility ▪ Thoracic mobility ▪ Shoulder MMT ▪ Grip strength **TREATMENT RECOMMENDATIONS** ▪ Initiate interval sports programs at 4 months ▪ Continue with all upper and lower extremity flexibility exercises ▪ Continue with advanced shoulder and scapular strengthening exercises ▪ Gradually progress sports activities ▪ Monitor workload **EMPHASIZE** ▪ Return to normal functional activities and sports participation	**PRECAUTIONS** ▪ All progressions should be pain-free ▪ Monitor for loss of strength and flexibility **CRITERIA FOR RETURN TO SPORTS PARTICIPATION** ▪ Clearance from surgeon to return to full sport ▪ Symptom-free progression through interval sports program ▪ Independent with all maintenance exercises