

Physical Therapy Prescription – Biceps Tenodesis

Name: _____

Date: _____

Diagnosis: R / L shoulder arthroscopy, BT

Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks

PHASE I (Weeks 0 – 4):

- **Sling:** Must wear at all times except for hygiene
- **Range of Motion:**
 - Elbow: PROM → AAROM → AROM as tolerated **without** resistance
 - Shoulder: PROM/AAROM/AROM as tolerated
 - **If concomitant DCE performed** → horizontal adduction restricted until 8 weeks postop
- **Exercises:** pendulums, wrist/hand ROM, grip strengthening
 - **NO resistance exercises permitted during Phase I**
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 4 – 12):

- **Sling:** Discontinue
- **Range of Motion:** increase as tolerated to full AROM for both elbow and shoulder
 - **If concomitant DCE performed** → horizontal adduction restricted until 8 weeks postop
- **Exercises:** continue Phase I
 - Begin light deltoid/cuff isometrics with arm at side, begin scapular strengthening
 - Active biceps strengthening restricted until 8 weeks postop
 - Only do strengthening 3x/week to avoid causing rotator cuff tendonitis
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 12 – 24):

- **Range of Motion:** Full
- **Exercises:** continue Phase II, begin UE ergometer, begin eccentrically resisted motions and closed chain activities; begin return to sport activities at 12 weeks
 - Swimming at 3 months
 - Throwing at 3 months
 - Throwing from mound at 4.5 months

Signature: _____

Date: _____