

## **BICEPS TENODESIS PHYSICAL THERAPY PRESCRIPTION**

**Diagnosis: S/p (Left / Right) Shoulder Arthroscopic/Open Biceps Tenodesis**

**Date of surgery: \_\_\_\_\_**

### **PHASE 1 (0 to 4 WEEKS):**

#### **GOALS:**

Pain and swelling control  
Begin passive ROM

#### **EXERCISES/RESTRICTIONS:**

Sling on at all times except for bathing/exercise  
Pendulum exercises  
Passive supine elevation and ER  
Passive elbow ROM, no active elbow flexion  
Wrist/gripping exercises  
Deltoid isometrics

### **PHASE 2 (4-6 WEEKS):**

#### **GOALS:**

Continued healing  
Increase ROM

#### **EXERCISES/RESTRICTIONS:**

Increase passive supine ROM with goal to achieve full shoulder ROM by 8 weeks  
Continue wrist/gripping exercises  
Continue deltoid isometrics  
Begin lower extremity and core strengthening  
Modalities prn

### **PHASE 3 (6-12 WEEKS):**

#### **GOALS:**

Restore active ROM  
Begin strengthening

#### **EXERCISES/RESTRICTIONS:**

Progress flexion  
6-10 weeks, gradual A/AA/PROM to improve ER with arm at side  
10-12 weeks, gradual A/AA/PROM to improve ER with arm in 45° abduction  
AAROM to restore flexion, IR, and adduction  
Deltoid, rotator cuff isometrics progressing to isotonic

PREs for scapular muscles, latissimus, biceps, triceps  
Keep all strength exercises below horizontal plane in this phase

**PHASE 4 (12-18 WEEKS):**

**GOALS:**

Resume normal activities  
Resume work/sport by week 18

**EXERCISES/RESTRICTIONS:**

Continue AROM activities to restore normal ROM and restore scapulohumeral rhythm  
Aggressive scapular stabilization and eccentric strengthening exercises  
PRE for all upper extremity musculature  
Advance functional exercises

Evaluate and treat per therapist plan.  
Please follow the protocol as directed and call the office with questions or renewals.  
\*\*Please send progress notes.

NAME OF PATIENT: \_\_\_\_\_

**Treatment:** \_\_\_\_ times per week      **Duration:** \_\_\_\_ weeks      \_\_\_\_ Home Program

Physician's Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**Daniel J. Chernoff, M.D.**  
Orthopedic Surgery, Sports Medicine  
Kansas City Orthopedic Alliance  
3651 College Blvd. Leawood, KS 66211  
Phone: (913) 319-7600  
Fax: (913) 253-1704  
KS License: 04-46252  
MO License: 2019014833  
NPI: 1326401456

