HAND to SHOULDER CENTER of wisconsin

DR. HENNIGAN

BICEPS TENODESIS

Date: 01/31/22

LONG TERM GOALS OF PROCEDURE:

- Patient to obtain appropriate glenohumeral capsular mobility to allow patient to perform overhead and forward-reaching activities as well as reaching behind the back to return to previous level of function.
- Optimize scapulohumeral rhythm and maximize rotator cuff and scapular stabilizer strength/endurance to allow patient to perform all home and work-related activities without pain or limitation.

PHASE I: *no formal therapy*
0 - 2 WEEKS POST-OP

GOALS:

- Patient to be compliant with prescribed activity modifications, precautions, and home exercise program to allow for proper healing of repaired tissue.
- Patient to maintain a clean, dry suture line to promote healing and wound closure without infection.

PRECAUTIONS:

- **No resistive biceps activity**

SLING:

- Shoulder immobilizer worn **6 weeks**

EDEMA/PAIN MANAGEMENT:

- Instruct in use of cold/ice to address pain/swelling

PHASE II: *INITIAL POST-OP THERAPY VISIT at 2 weeks post-op*
2 - 4 WEEKS POST-OP

GOALS:

- Patient to be compliant with prescribed activity modifications, precautions, and home exercise program to allow for proper healing of repaired tissue.
- Patient to maintain a clean, dry suture line to promote healing and wound closure without infection.
- Patient to demonstrate full PROM, provided patient does not have significant glenohumeral joint capsular restrictions by 3-4 weeks post-operatively.

DRESSING

- Remove post-op dressings (if not already removed) and apply clear film dressing for protection until sutures are removed.

PRECAUTIONS:

- **Continue with no resistive biceps activity**

SLING:

- Shoulder immobilizer continued until **6 weeks post-op**

EDEMA/PAIN MANAGEMENT:

- Review use of cold/ice to address pain/swelling

EXERCISE PROGRAM (5-6x/day):

- Initiate Codman's
- AROM to wrist/hand/forearm/elbow
- PROM/AAROM/AROM of shoulder in all planes in pain free range
    - If tenodesis completed in conjunction with other shoulder procedure, defer to the other protocol for shoulder ROM guidelines
- Postural correction and scapular engagement
- Scar tissue mobilization
- Gentle capsular mobilizations if indicated

PHASE II:

4-8 WEEKS POST-OP:

GOALS:

- Patient to demonstrate full shoulder AROM in anti-gravity position, without scapular compensation or instability

PRECAUTIONS:

- No lifting with affected upper extremity
- No resisted biceps activity until 8 weeks

SLING:

- Discontinue sling at 6 weeks

EXERCISE PROGRAM:

- Progress ROM as needed in all planes
- Initiate submaximal isometric exercises of scapular muscles deltoid, and RTC (with progressive positions of shoulder abduction at 15°, 30°, 45°)
- Address any glenohumeral joint limitations.

PHASE III:

8+ WEEKS POST-OP:

GOALS:

- Gradually increase isotonic strength of RTC, biceps and scapular stabilizers to allow patient to perform overhead and forward reaching activities.
- Normalize strength, endurance, and neuromuscular control

PRECAUTIONS:

- Avoid excessive anterior shoulder stress

EXERCISE PROGRAM:

- Address end range capsular mobility of the GH joint, AC joint and SC joint if limitations persist.
- Initiate isotonic strengthening for the RTC (beginning with neutral position for IR/ER in side-lying or supine with progressive positioning)
- Initiate isotonic strengthening for elbow flexion/extension and forearm supination/pronation

10+ WEEKS POST OP:

- Prepare pt for return to work and unrestricted activities without impingement symptoms or compensatory patterns in 10-12 weeks.
- Normalize strength, endurance, and neuromuscular control