Rachel M. Frank, MD

Department of Orthopedic Surgery -Sports Medicine University of Colorado School of Medicine www.RachelFrankMD.com

OFFICIAL HEALTH CARE PARTNER















Physical Therapy Prescription – Biceps Tenodesis

Name:	Date:
Diagnosis: R / L Shoulder Arthroscopy, BT	Date of Surgery:
Frequency: 2-3 times per week	

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:
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