

PROTOCOL FOR BICEPS TENODESIS

For damaged and partially torn long head of biceps tendon. The tendon is transposed from its origin on the glenoid to the proximal humerus with screws or anchors.

NOTE: If a biceps tenodesis is performed with rotator cuff repair, follow the cuff repair protocol but allow PASSIVE ELBOW MOVEMENTS ONLY FOR 3 WEEKS.

AIMS FOR THE PROTECTIVE PHASE - 0-3 WEEKS

- Protect the repair
- Prevent the negative effects of immobilisation
- Diminish pain and inflammation

Inpatient

- Sling to be worn for 3 weeks (unless stated otherwise) and removed only for washing and dressing and exercising.
- Wrist and hand movements and gripping
- Scapular setting and posture correction in the sling.
- Passive elbow flexion, extension, pronation and supination **as tolerated**
- Assisted shoulder flexion and external rotation with elbow flexed.

AIMS FOR THE INTERMEDIATE PHASE - 3-6 WEEKS

- Regain full pain free active ROM
- Promote dynamic stability of the scapular and glenohumeral joint through full ROM
- Correct movement patterns throughout ROM
- Improve proprioception

Outpatient

- Wean off the sling at 3 weeks (unless stated otherwise)
- Active shoulder exercises.
- Active elbow movements as tolerated
- Progress to include PNF patterns of movement without resistance ensuring good scapular control throughout ROM.
- Correct abnormal movement patterns

AIMS FOR THE FINAL PHASE – 6-12 WEEKS

- Restore power, strength and endurance.
- Function specific end range stability of shoulder and elbow
- Ensure full active ROM into combined positions.
- Ensure good posture.

6 weeks

- Closed chain exercises of upper limb for good movement pattern.
- Commence low resistance, concentric and eccentric strengthening of elbow flexion and supination. Increase resistance as pain allows.
- Use PNF patterns for strengthening into combined positions
- correct abnormal movement patterns

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