

**Dr. Brolin – Biceps Tenodesis Protocol**

**Phase I – Graded PROM/AAROM (start of formal therapy)**

Weeks 2-5 \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

1. PROM/AAROM of elbow and forearm in all planes (no forced stretching of elbow extension)
2. Initiate PROM of shoulder in all planes progressing to AAROM as tolerated

\*Avoid forced stretching of shoulder external rotation especially in 90 degrees of abduction

\*Avoid forced shoulder extension

\*Avoid lifting

1. Initiate scapular mobility and scapular isometrics including scapular PNF

**Phase II – Graded PROM/AAROM/AROM**

Weeks 6-8 \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

1. Progress AROM of elbow flexion/extension and forearm supination/pronation
2. Progress AAROM of the shoulder to AROM in all planes as tolerated by patient emphasizing proper body mechanics
3. Initiate thoracic and glenohumeral mobilizations (Grade III and IV) as needed to increase ROM
4. Initiate submaximal (25-50%) shoulder isometrics with arm by side

**Phase III – Controlled Strengthening**

Weeks 9-12 \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

\*\* Limit all strengthening exercises to 5 pounds until after week 12

1. Initiate lightweight bicep curls
2. Initiate lightweight resisted pronation and supination
3. Initiate lightweight shoulder strengthening exercises avoiding stressing the anterior joint capsule
4. Initiate closed-chain strengthening exercises starting on the wall and progressing to the floor
5. After 12 weeks post-op patient can progress resistance as tolerated with proper body mechanics

\*\*Ask TJB for specifics on patients if therapist feels they are progressing ahead of/behind schedule