Isolated Proximal Biceps Tenodesis Rehabilitation Protocol

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This protocol provides general guidelines for rehabilitation following isolated proximal biceps tenodesis. Progression should be individualized based on the procedure, healing, and patient response, with modifications as directed by the surgeon.

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0-6	● Minimize pain and swelling ● Protection of incision and repair ● Regain **normal elbow and shoulder passive then active ROM** ● **Normalize scapular mechanics**	● Use sling 1-2 weeks for comfort and protection only as needed ● **Avoid painful movements** ● **5 lb** lifting restriction	**General guidelines** ● Frequent icing throughout day ● PROM initially progressing to AAROM as able ● AROM once full AAROM has been achieved ● Scapular strengthening ● start with retractions and progress as able ● Initiate elbow isometrics once full AROM is achieved ● Initiate elbow isotonics as appropriate **Initial visit** ● FOTO, QuickDASH **Weeks 1–2** ● Goal of full PROM by 1-2 weeks post- op
Weeks 6-12	● **Normalize elbow, shoulder, and rotator cuff strength** ● Gradual increase in functional use	● Slowly advance from **5lb** restriction with goal of unrestricted lifting at or near 12 weeks ● **Avoid throwing or ballistic motions**	**General guidelines** ● Scar massage/tissue mobilization ● Resistance training for the scapular stabilizers and rotator cuff musculature ● Progress elbow isotonics ● Initiation of closed kinetic chain activities as able **Week 6** ● FOTO, QuickDASH
Weeks 12+	● Gradual return to activities as tolerated	● Initiate return to play or activity program as necessary	**General guidelines** ● Advanced strengthening of the shoulder and scapular muscle groups ● Begin return to sport/activity process when patient has achieved full and pain free AROM; ER and IR concentric strength **≥ 90%** LSI; HHD isometric elbow flexion **≥ 90%** LSI **Week 12** ● FOTO, QuickDASH