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## **Biceps Tenodesis Protocol**

Name:		Date:
Diagnosis:		
Date of Surgery:	Next Physician Appo	pintment:
Frequency: 1 2 3 4 times/week	Duration: 1 2 3 4 5	6 Weeks
<ul> <li>without being stressed</li> <li>Encourage pronation/supination witho</li> <li>Grip strengthening</li> <li>Maintain shoulder motion by progressi</li> <li>ROM goals: Full passive flexion and ext</li> <li>No resisted motions until 6 weeks post</li> <li>Heat before PT sessions; other physica</li> </ul> Weeks 2-12: <ul> <li>D/C sling</li> <li>Continue AROM – with passive stretching</li> </ul>	out resistance ing PROM → AROM without rest tension at elbow; full shoulder AF teop I modalities per PT discretion ing at end ranges to maintain or arm at side for rotator cuff and o	
<ul> <li>Months 3-12 (if needed):</li> <li>Only do strengthening 3x/week to avoid Begin UE ergometer</li> <li>Begin eccentrically resisted motions, pluweeks.</li> <li>Begin sports related rehab at 3 months</li> <li>Return to throwing and begin swimming</li> <li>Throw from pitcher's mound at 4 ½ models</li> <li>Collision sports at 6 months</li> <li>MMI is usually at 6 months</li> </ul>	lyometrics (ex weighted ball toss s, including advanced conditionin ng at 3 months,	), proprioception (ex body blade), and closed chain exercises at 12 g
Comments:		
Teach Home Exercise Program		
Modalities Heat before Ice after Other		Therapist's discretion
Signature		
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