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## **Physical Therapy Prescription – Biceps Tenodesis**

Date:

Diagnosis: R / L shoulder arthroscopy, BT  Date of Surgery:
Frequency: 2-3 times per week for weeks
Phase I (Weeks 0 – 4):
<ul> <li>Sling: Must wear at all times except for hygiene</li> <li>Range of Motion:</li> </ul>
<ul> <li>Elbow: PROM &gt; AAROM &gt; AROM as tolerated without resistance</li> <li>Shoulder: PROM/AAROM/AROM as tolerated</li> </ul>
o 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):
<ul> <li>Sling: Discontinue</li> <li>Range of Motion: increase as tolerated to full AROM for both elbow and shoulder</li> </ul>
• Exercises: continue Phase I
o Begin light deltoid/cuff isometrics with arm at side, begin scapular strengthening
<ul> <li>Active biceps strengthening restricted until 8 weeks postop</li> <li>Only strengthen 3x/week to avoid causing rotator cuff tendonitis</li> </ul>
• Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)
Phase III (Weeks 12 – 24):
<ul> <li>Range of Motion: Full</li> <li>Exercises: continue Phase II, begin UE ergometer, begin eccentrically resisted motions and closed chair activities; begin return to sport activities at 12 weeks</li> </ul>
<ul><li>Swimming at 3 months</li><li>Throwing at 3 months</li></ul>
o Throwing from mound at 4.5 months
Signature: Date: