

biceps tenodesis protocol physical therapy

biceps tenodesis protocol physical therapy is a critical component in the recovery process following biceps tenodesis surgery, a procedure designed to address injuries or chronic pain in the biceps tendon. This specialized rehabilitation protocol aims to restore shoulder strength, improve range of motion, and ensure optimal healing of the tendon attachment. Effective physical therapy after biceps tenodesis is essential to minimize complications, prevent stiffness, and facilitate a safe return to daily activities and sports. This article provides a comprehensive overview of the phases of rehabilitation, recommended exercises, precautions, and expected outcomes associated with biceps tenodesis protocol physical therapy. Understanding these elements helps patients and clinicians optimize recovery and functional results.

- Overview of Biceps Tenodesis Surgery
- Phases of Biceps Tenodesis Protocol Physical Therapy
- Rehabilitation Exercises and Techniques
- Precautions and Contraindications
- Expected Outcomes and Return to Activity

Overview of Biceps Tenodesis Surgery

Biceps tenodesis surgery involves detaching the long head of the biceps tendon from its original attachment within the shoulder joint and reattaching it to the humerus bone. This procedure is typically performed to alleviate pain from biceps tendonitis, partial tears, or instability that is not responsive to conservative treatment. By securing the tendon outside the joint, biceps tenodesis prevents further irritation and restores normal shoulder biomechanics. The success of the surgery largely depends on appropriate postoperative care, with physical therapy playing a pivotal role in the rehabilitation process.

Phases of Biceps Tenodesis Protocol Physical Therapy

The rehabilitation after biceps tenodesis surgery is carefully structured into phases to ensure tendon healing while gradually restoring function. Each phase has specific goals and therapeutic interventions designed to progress safely through recovery.

Phase 1: Protection and Immobilization (Weeks 0-4)

During the initial phase, the primary focus is to protect the surgical repair and minimize stress on the biceps tendon. The arm is typically immobilized in a sling, and active use of the shoulder and elbow is limited.

- Maintain immobilization with a sling as directed by the surgeon
- Perform gentle passive range of motion (ROM) exercises for the shoulder and elbow to prevent stiffness
- Avoid active biceps contractions and resisted elbow flexion
- Manage pain and swelling through ice therapy and elevation

Phase 2: Early Motion and Gentle Strengthening (Weeks 4-8)

After sufficient healing, therapists introduce controlled active motion and gentle strengthening exercises. The goal is to regain mobility without compromising tendon integrity.

- Progress from passive to active-assisted and active ROM exercises
- Begin isometric strengthening of the shoulder muscles, excluding biceps activation
- Gradually discontinue sling use based on comfort and surgeon's advice
- Continue to avoid heavy lifting and sudden movements

Phase 3: Strengthening and Functional Restoration (Weeks 8-12)

This phase emphasizes rebuilding strength and endurance in the biceps and surrounding musculature while restoring functional use of the arm and shoulder.

- Introduce isotonic strengthening exercises for the biceps and shoulder
- Focus on scapular stabilization and rotator cuff strengthening
- Incorporate proprioceptive and neuromuscular control exercises
- Begin light functional activities tailored to patient goals

Phase 4: Advanced Strengthening and Return to Activity (Weeks 12 and Beyond)

The final phase aims to prepare the patient for return to full activity, including sports and heavy lifting. Emphasis is on comprehensive strength, endurance, and dynamic control.

- Progress resistance and intensity of strengthening exercises
- Implement sport-specific and occupational training drills
- Ensure pain-free full range of motion and strength comparable to the unaffected side
- Monitor for any signs of overuse or discomfort

Rehabilitation Exercises and Techniques

Effective implementation of the biceps tenodesis protocol physical therapy involves a variety of therapeutic exercises and modalities designed to promote healing and restore function.

Range of Motion Exercises

These exercises are critical during the early and middle phases of rehabilitation to prevent joint stiffness and maintain shoulder and elbow mobility.

- Passive shoulder flexion and abduction
- Pendulum exercises
- Elbow flexion and extension within pain-free range
- Forearm supination and pronation

Strengthening Exercises

Strengthening focuses on building the muscular support around the shoulder and elbow while protecting the healing tendon.

- Isometric contractions of the shoulder without biceps activation
- Biceps curls with light resistance introduced gradually
- Scapular retraction and depression exercises
- Rotator cuff strengthening with resistance bands or light weights

Neuromuscular and Proprioceptive Training

These techniques improve joint stability and coordination necessary for functional recovery.

- Closed kinetic chain exercises such as wall push-ups
- Balance and coordination drills
- Dynamic stabilization exercises using physioballs or unstable surfaces

Precautions and Contraindications

Adherence to specific precautions is crucial to avoid compromising the surgical repair and to ensure safe progression through the rehabilitation stages.

Avoidance of Early Active Biceps Contraction

Active contraction of the biceps can place undue stress on the healing tenodesis site and should be avoided during the initial phases of rehabilitation.

Limitations on Range of Motion

Excessive or aggressive stretching of the shoulder, particularly in external rotation and abduction, can jeopardize the repair. Range of motion should be progressed under professional supervision.

Monitoring for Pain and Inflammation

Any increase in pain, swelling, or discomfort should prompt reevaluation of the therapy intensity and activities to prevent injury or complications.

Contraindicated Activities

- Heavy lifting or sudden jerky movements in early phases
- Overhead activities that strain the biceps tendon prematurely
- High-impact sports before adequate healing and strength are achieved

Expected Outcomes and Return to Activity

With adherence to the biceps tenodesis protocol physical therapy, most patients achieve significant pain relief, improved shoulder function, and restoration of strength. The timeline for return to work and sports varies depending on individual healing and activity demands.

Timeline for Return to Activities

Typically, light activities and sedentary work can resume within 6 to 8 weeks post-surgery, while more strenuous work or athletic participation may require 4 to 6 months. Full recovery involves regaining near-normal strength and motion without pain.

Factors Influencing Recovery

- Patient age and overall health
- Extent of tendon damage and surgical technique used
- Consistency and quality of physical therapy adherence
- Pre-existing shoulder conditions or comorbidities

Long-Term Prognosis

Most individuals experience long-lasting relief from biceps-related shoulder pain and improved function when following a structured biceps tenodesis protocol physical therapy. Ongoing maintenance exercises may be recommended to preserve shoulder health and prevent future injury.

Frequently Asked Questions

What is biceps tenodesis protocol in physical therapy?

Biceps tenodesis protocol in physical therapy refers to the structured rehabilitation plan designed to restore function, strength, and mobility following a biceps tenodesis surgery, which involves reattaching the biceps tendon to the humerus bone.

When does physical therapy typically begin after biceps tenodesis surgery?

Physical therapy usually begins within one to two weeks after surgery, starting with gentle passive range of motion exercises to protect the repair and prevent stiffness.

What are the main goals of early-phase physical therapy after biceps tenodesis?

The early phase focuses on pain management, reducing inflammation, protecting the surgical site, and gradually restoring passive range of motion without stressing the repaired tendon.

How long does the rehabilitation process take following biceps tenodesis surgery?

Rehabilitation typically takes about 3 to 6 months, with progression from passive and active-assisted exercises to strengthening and functional activities as healing permits.

When can strengthening exercises begin in the biceps tenodesis physical therapy protocol?

Strengthening exercises usually start between 6 to 8 weeks post-surgery, depending on the surgeon's protocol and the patient's healing progress.

Are there any specific precautions to follow during physical therapy after biceps tenodesis?

Yes, patients should avoid heavy lifting, resisted biceps contractions, and overhead activities in the early phases to prevent stress on the repair and ensure proper healing.

What types of exercises are included in the late phase of biceps tenodesis physical therapy?

The late phase includes progressive resistance strengthening, functional training, range of motion exercises, and sport-specific or occupational activities to restore full function.

How is pain managed during physical therapy for biceps tenodesis?

Pain is managed through modalities such as ice, anti-inflammatory medications, activity modification, and careful progression of exercises to avoid overloading the healing tendon.

Can physical therapy after biceps tenodesis improve long-term outcomes?

Yes, following a structured physical therapy protocol is critical for optimal recovery, helping to restore strength, mobility, and function, and reducing the risk of complications or re-injury.

Additional Resources

1. *Biceps Tenodesis Rehabilitation: A Comprehensive Guide for Physical Therapists*

This book offers an in-depth approach to post-surgical rehabilitation protocols specifically tailored for biceps tenodesis patients. It covers anatomy, surgical techniques, and step-by-step physical therapy interventions. The guide emphasizes evidence-based practices to optimize patient outcomes and minimize complications.

2. *Postoperative Physical Therapy Protocols for Biceps Tenodesis*

Focused on structured rehabilitation, this text provides detailed timelines and exercise progressions following biceps tenodesis surgery. It discusses pain management, range of motion restoration, and strengthening exercises. The book serves as a practical resource for clinicians seeking to standardize their treatment plans.

3. *Orthopedic Rehabilitation of the Shoulder: Biceps Tenodesis and Beyond*

This comprehensive volume delves into shoulder rehabilitation with a dedicated section on biceps tenodesis. It integrates surgical insights with therapeutic strategies to guide recovery from injury to return-to-sport. The book also explores common challenges and modifications for diverse patient populations.

4. *Evidence-Based Protocols for Biceps Tendon Surgery Rehabilitation*

Highlighting current research, this book synthesizes clinical evidence to formulate effective rehabilitation protocols after biceps tendon surgeries, including tenodesis. It evaluates outcomes related to different physical therapy approaches and provides recommendations for best practices. The text is ideal for clinicians aiming to implement science-driven care.

5. *Rehabilitation Techniques for Biceps Tenodesis: From Surgery to Function*

This book outlines the progression from immediate postoperative care through advanced functional training after biceps tenodesis. It includes therapeutic exercises, manual therapy options, and patient education tips. The author emphasizes individualized care and monitoring to enhance recovery timelines.

6. *Shoulder and Elbow Rehabilitation: Protocols for Biceps Tenodesis Patients*

Covering both shoulder and elbow rehabilitation, this resource addresses the interconnectedness of these joints in recovery. It provides protocol variations based on surgical methods and patient goals. The text supports therapists in designing comprehensive rehab programs that promote strength and mobility.

7. *Clinical Guide to Biceps Tenodesis Surgery and Rehabilitation*

This guide bridges the gap between surgical procedure details and rehabilitation practices for biceps tenodesis. It offers a clear overview of surgical indications, intraoperative considerations, and postoperative therapy. The book is beneficial for both surgeons and physical therapists collaborating on patient care.

8. *Functional Recovery After Biceps Tenodesis: Physical Therapy Strategies*

Focusing on restoring function, this book emphasizes activity-specific rehabilitation techniques after biceps tenodesis. It discusses biomechanical principles and incorporates case studies to illustrate effective therapy interventions. The resource is designed to improve patient engagement and long-term outcomes.

9. *Advanced Rehabilitation Protocols for Biceps Tenodesis and Shoulder Injuries*

This advanced text explores rehabilitation protocols that address complex cases involving biceps tenodesis and concomitant shoulder injuries. It combines surgical insights with progressive therapy methods, including neuromuscular re-education and sport-specific training. The book is suitable for experienced clinicians seeking specialized knowledge.

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Anthony A. Romeo, Brandon J. Erickson, Justin W. Griffin, 2021-01-25 The biceps tendon is one of the most challenging anatomic structures to completely understand. Its precise role for shoulder function has yet to be completely defined, and pathologic conditions exist at both its proximal and distal ends. In recent years, the biceps labral complex has been recognized as a common cause of shoulder pain among patients. Accurate diagnosis, utilizing both physical examination and imaging, is crucial to decision-making regarding the most effective treatment. Many controversies exist surrounding the management of biceps pathology with a myriad of potential solutions to consider. This practical text breaks down the biceps into succinct, digestible portions with expert tips and tricks to help manage bicipital problems in a wide array of patients. Sensibly divided into three thematic sections, it encompasses all aspects of the biceps tendon, including relevant anatomy, diagnosis, imaging, and non-operative management (including rehabilitation and biologic treatments). Surgical management strategies as they pertain to both proximal and distal biceps tendon pathologies will be covered, including both arthroscopic and open tenodesis, transfer, and inlay and onlay fixation methods. A review of associated complications and how to avoid them is likewise described in detail, along with post-surgical rehabilitation techniques to maximize return to play. Ideal for orthopedic surgeons and sports medicine specialists at all levels, The Management of Biceps Pathology will be a unique resource for all clinicians facing challenges treating the active patient with shoulder and elbow pain.

biceps tenodesis protocol physical therapy: Clinical Orthopaedic Rehabilitation S. Brent Brotzman, Robert C. Manske, 2011-01-01 In Clinical Orthopaedic Rehabilitation: An Evidence-Based Approach, Dr. S. Brent Brotzman and Robert C. Manske help you apply the most effective, evidence-based protocols for maximizing return to function following common sports injuries and post-surgical conditions. A well-respected, comprehensive source for evaluating, treating, and rehabilitating orthopaedic patients, the 3rd Edition guides you on the prevention of running injuries, the latest perturbation techniques, and the ACL rehabilitation procedures and functional tests you need to help get your patients back in the game or the office. You'll also find a brand-new spine rehabilitation section, an extensively revised art program, and online access to videos demonstrating rehabilitation procedures of common orthopaedic conditions at www.expertconsult.com. Get expert guidance on everything you may see on a day-to-day basis in the rehabilitation of joint replacements and sports injuries. Apply evidence-based rehabilitation protocols to common sports conditions like ACL and meniscus injuries and post-surgical rehabilitation for the knee, hip, and shoulder. See how to perform perturbation techniques for ACL rehabilitation, ACL functional tests and return-to-play criteria after reconstruction, analysis of running gait to prevent and treat running injury, and more with videos online at www.expertconsult.com. Use the expert practices described in Tendinopathy

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Tun Hing Lui, 2023-01-17 This book provides detailed advancement endoscopy and arthroscopy procedures of shoulder. It covers basic knowledge of procedures and dedicated introduction of surgical techniques for treatment of shoulder diseases with better surgical outcome and less surgical morbidity. Endoscopic and arthroscopic procedures with their advantage in surgical exposure and post-operative rehabilitation have been extensively performed in orthopedic diseases. Cases presentation with well-illustrated arthroscopic and endoscopic photos for common clinical conditions was provided. The format is a step-by-step procedure for easy reference, particularly for surgeons in their training.

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Gregory Nicholson, Matthew Provencher, 2024-06-01 Are you looking for concise, practical answers to those questions that are often left unanswered by traditional shoulder references? Are you seeking brief, evidence-based advice for complicated cases or controversial decisions? Curbside Consultation of the Shoulder: 49 Clinical Questions provides quick answers to the thorny questions most commonly posed during a “curbside consultation” between orthopedic surgical colleagues. Drs. Gregory P. Nicholson and Matthew T. Provencher have designed this unique reference which offers expert advice, preferences, and opinions on tough clinical questions commonly associated with the shoulder. The unique Q&A format provides quick access to current information related to the shoulder with the simplicity of a conversation between two colleagues. Numerous images, diagrams, and references are included to enhance the text and to illustrate the management of shoulders. Curbside Consultation of the Shoulder: 49 Clinical Questions provides information basic enough for residents while also incorporating expert advice that even high-volume clinicians will appreciate.

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