EDWARDS ORTHOPEDICS
Advanced Orthopedic Surgery, Close to Home.
Dr. Chad Edwards, Orthopedic Surgeon

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POST-OPERATIVE REHABILITATION PROTOCOL

Biceps Tenodesis

Protection of the tenodesis site with delayed elbow-flexion and supination resistance

PATIENT	SURGERY DATE	SIDE / PROCEDURE NOTES
_____	_____	_____

HOW TO USE THIS PROTOCOL Time frames are guides, not deadlines. Progress only when the phase criteria are met and the knee/arm is not reacting with increased pain or swelling. Dr. Edwards' written instructions always take priority.

SCOPE If rotator cuff or labral repair was performed at the same operation, follow the more restrictive repair protocol.

STOP AND CALL: fever/chills, increasing redness or drainage, uncontrolled pain, new or worsening numbness/weakness, calf pain/swelling, chest pain, or shortness of breath. Call 911 for an emergency.

KEY RESTRICTIONS AT A GLANCE

TIME	PROTECTION / WEIGHT BEARING	MOTION / LOADING
1-4 weeks	Sling as directed	Passive shoulder/elbow motion; no active elbow flexion/supination
4-6 weeks	Wean sling	Restore active shoulder/elbow motion; no biceps loading
6-12 weeks	Progress controlled strength	Begin resisted biceps/supination, then full shoulder program
12-16+ weeks	Sport/work progression	Objective strength and symptom criteria

PHASE-BY-PHASE PLAN

Phase 1 | Passive motion (1-4 weeks)

- **Priorities:** Protect the tenodesis; control pain; restore passive shoulder and elbow motion.
- **Protection:** No active shoulder or elbow ROM, no lifting, no friction massage over the tenodesis, no shoulder extension/horizontal abduction past neutral, and external rotation no more than 40 degrees.
- **Therapy focus:** Passive elbow flexion/extension and forearm rotation, wrist/hand AROM, gentle shoulder PROM within limits, scapular mobility, and grip.

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Phase 2 | Active motion (4-6 weeks)

- **Priorities:** Restore shoulder and elbow AROM and light waist-level function.
- **Protection:** No lifting and no resistance to biceps, elbow flexors, or supinators.
- **Therapy focus:** AAROM to AROM for shoulder; active elbow flexion/extension and forearm rotation; shoulder isometrics; scapular control; walking/bike without arm loading.

Phase 3 | Initial strength (6-12 weeks)

- **Priorities:** Normalize ROM, strength, endurance, and neuromuscular control.
- **Protection:** Avoid long-lever or heavy biceps loading early; strength work should not increase pain.
- **Therapy focus:** Begin light resisted biceps curls and supination around weeks 6-8; add triceps/wrist, cuff, scapular, rhythmic stabilization, push-up-plus progression, and functional patterns.
- **Therapy focus:** Running may begin around 8-12 weeks if arm swing is comfortable; swimming waits until after week 12 and clearance.

Phase 4 | Return to activity (12-16+ weeks)

- **Priorities:** Restore task-specific strength and return to sport/work.
- **Protection:** Overhead and heavy-demand return may require 4-6 months.
- **Therapy focus:** Progress compound strength, plyometrics, and interval sport/work training.
- **Therapy focus:** Return requires full pain-free ROM, no tenderness, at least 90% objective strength/function, and surgeon clearance.

GENERAL PROGRESSION RULE A mild exercise ache that resolves is acceptable. Back down and contact the care team if pain is sharp, swelling increases, motion is lost, gait/mechanics worsen, or symptoms remain elevated the next day.