Dr. Anthony Romeo

lvlidwest Orthopaedics at RUSH

Phone: 312-432-/:Y,2

# Fax: 708-40S--51 *l9*

BlCEPS TENODESIS PROTOCOL

Name-----------------------------------

Date \_

Diagnosis \_ \_ \_

Date of Surgery \_

Frequency: 1 2 3 4 timesA.veek Duration: 1 2 3 4 5 6 \'Ve8kS

Weeks 1-4:

Sling for first 4 weeks

PROM ® AAROM ® AROM of elbow witt"1out resistance. This gives biceps tendon time to hea) lnto new :nsertion site on humerus without being st essed

Encourage pronation/supination without resistance Grip strenghtening

Maintain shoulder motion by progressing PROM a AROM without restrictions ROM goals: Full passive flexion and extension at elbow; full shoulder AROM No resisted motions until 4 weeks post-op

Heat before PT sessions; other physical modalities per PT discretion

Weeks 412: D/C sling

·Begin AROM for elbow in all directions with passive stretching at end ranges to maintain or increase biceps/Gtbow

flexibility and ROM

At 6 weeks, begin light isometrics with arm at side for rotator cuff and deltoid; can advance to bands as toler2ited At 6 weeks, begin scapular strengthening

Months 3-12:

Only do strengthening 3x/week to avoid rotator cuff tendonitis Begin UE ergometer

Begin eccentrically resisted motions, plyometrics (ex weighted ball toss), proprioception (ex body blade), and closed chain exercises at 12 weeks.

Begin sports related rehab at 3 months, including advanced conditionlng Return to throwing and begin swimming at 3 months,

Throw from pitcher's mound at 4 Y:i months Collision sports at 6 months

MMI is usually at 6 months Comments:

# Dr. Anthony Romeo

Midwest Orthopaedics at RUSH

## Phone: 312--432-2342

Fax: 708--409-5179

Functional Capacity Evaluation Work Hardening11Nork Conditioning Teach HCP

Modalities

\_Electric Stimulation \_Ultrasound \_ lontophoresis \_Phonophoresis

Heat before/after Ice

before/after \_Trlgger points massage \_TENS Other \_

Therapist's discretion

Signature Date\_. \_