450 Broadway St. MC 6120 Redwood City, CA 94063 Ph: 650-723-5643 Fax: 650-723-3429

3801 Miranda Ave. MC Ortho 112 Palo Alto, CA 94304 Ph: 650-493-5000 x66101 Fax: 650-849-1265

Date: _____

BICEPS TENODESIS PROTOCOL

	Name: _						
	Diagnos	sis:					
	Date of	Surgery: _					
Fre	quency: 1	2 3 4	times / week	Duration:	1 2 3	4 5 6 V	Veeks
Weeks 1-	4:						
 PROM heal in Encou Grip s Maint ROM g 	nto new inse rage pronati trengthening ain shoulder goals: Full pa	→ AROM ortion site or on/supinates motion by ssive flexion	of elbow without n humerus without restriction without restriction progressing PRO and extension eeks post-op	out being stre istance OM → AROM	essed without r	estrictio	s tendon time to
Weeks 4-	12:						
increa • At 6 w to ban	AROM for elase biceps/el	bow flexibi light isome ed	lity and ROM etrics with arm a				es to maintain or oid; can advance
Months 3	-12:						
 Begin body l Begin Return Throw 	UE ergometo eccentrically plade), and c sports relate n to throwin	er y resisted n losed chain ed rehab at g and begin er's mound	ek to avoid rotate notions, plyomete exercises at 12 3 months, include a swimming at 3 at 4 ½ months	crics (ex weig weeks. ling advance	ghted ball		oprioception (ex
Modalities:							
Other:							
Signature					_ Date	e:	