

**Protocol following Biceps Tenodesis Rehab protocol
for Dr. Michael Gerhardt**

	Range of Motion*	Sling	Therapeutic Exercises**
Phase I 0-2 weeks	Active/Active-assist: Stretch to 40° ER and 140° of Forward Flexion. Internal Rotation as tolerated.	Sling to be worn at all times except for hygiene and exercises. Remove sling at 2 weeks post-op	Wrist/Hand ROM, Grip strengthening, isometric abduction, external/internal rotation exercises with elbow at side, gentle elbow ROM.
Phase II 2-4 weeks	Increased Forward Flexion, Internal and External rotation to full motion as tolerated. Overhead athletes should focus on reaching maximal Internal Rotation.*	None	Advance isometrics exercises in Phase I to the use of Theraband. Continue with wrist/hand ROM and grip strengthening. Begin prone extensions, and scapular stabilization exercise, and gentle joint mobs.
Phase III 4-8 weeks	Progress to active full motion without discomfort. Teach good Posterior Capsule stretch technique in overhead athletes.*	None	Advance Theraband exercises to the use of weights. Continue with Phase II exercises and begin upper body ergometer.
Phase IV 8 wks-6 months****	Full motion without discomfort.	None	Advance exercises in phase III. Begin functional progression to work/sport, return to previous activity level.***

*Patient is required to complete stretching exercises 3 times per day.

** 6-8 weeks is required for healing of biceps labrum, therefore avoid activities that stress the repair (active biceps exercises)

***Patients may return to weight room at 3 months if approved by MD

****Patient may return to competitive sports including contact sports by 6 months if approved.