

## **Post-op PATIENT Instructions: BICEPS TENODESIS**

**Dressing:** A dressing has been applied to your shoulder to absorb any fluid/blood. A small amount of blood on the dressing is to be expected. Begin dressing changes 24-48 hours following surgery. Remove the OR dressing, apply sterile gauze to the surgical site and re-tape. A small amount of soap/water or alcohol cleansing adjacent to the incisions is permitted with the first dressing change. Unless directed by your surgeon, **no salves, balms, or ointments to the incisions.** Band-Aids over the small incisions are recommended until they are completely sealed. Soreness and bruising is expected for several days afterward. **Showering is permitted 72 hours following surgery. Soaking the incisions should be avoided. No swimming pools/bathtubs/hot-tubs/beach water for 4 weeks or until cleared by your surgeon.**

**Ice:** Ice is a powerful anti-inflammatory. Icepacks/wraps will help to reduce swelling and pain. Use liberally (20-30 min./session), but protect the skin from direct contact (and frostbite).

**Activity:** Wear the immobilizer/sling as directed below. The forearm strap may be removed for hand, wrist, and elbow range of motion which decreases extremity swelling. Sleeping in a recliner with pillows behind the elbow may provide additional comfort. No driving until permission is given by your surgeon.

**Pain:** A nerve block has been performed for immediate post-op pain control by the anesthesiologist. It typically “wears off” at about 8-12 hrs following surgery. A narcotic (taken every 3-4hrs as needed for breakthrough pain) is given to control your pain. **Begin taking these pain medications when you BEGIN experiencing pain!** These meds can take 30-45 minutes to start “working”. You do not want to play “catch-up” by letting your pain get out of control. Nausea, drowsiness, and constipation are common side effects of narcotics. Adequate fluid intake and a stool softener obtained over the counter from your local pharmacy is recommended to minimize constipation. Call the office if you are unable to tolerate your medication.

**Precautions:** Call the office (813) 684-2663 if you develop: temperatures >101°F, shortness of breath, chest pain, uncontrolled pain, marked redness/hives, persistent drainage, new onset numbness, significant incisional/calf swelling, or any other concerns.

### **Post-operative Visit/Appointment:**

- **Call (813) 684-2663 today to make a post-operative appointment to see your surgeon 2 weeks following your surgery.**

**Special Instructions:** \_\_\_\_\_ (Additionally, follow any indicated instructions below.)

**Schedule physical therapy:** per attached prescription as soon as able

**Sling / Shoulder Brace:** for \_\_\_\_ weeks; **(NO DRIVING WHILE IN SLING!)**

**Ice (Cryotherapy) Unit:** protect/check skin regularly

**PT/OT PRESCRIPTION: BICEPS TENODESIS**

(PATIENT NAME)

**Diagnosis:** s/p LEFT / RIGHT Arthroscopic: Biceps Tenodesis

**MD Orders for the Therapist:**

- Physical Therapy/Occupational Therapy Prescription: 2-3 times per week x 6 weeks
- Follow this protocol without substitution. Contact my office with any questions.

Christopher T. Donaldson, MD

**\*\*No isolated biceps activation for eight weeks\*\***

**(0-3 Weeks)**

- **ROM**
  - Passive forward elevation to 90° in the scapular plane
  - Pendulum – gentle (2-3x/day)
  - Posterior joint mobilizations (grades I-II)
  - Elbow ROM – may be AROM/PROM – no resistance
  - ER with elbow by side/wand to tolerance
  - Full hand/wrist ROM
- **Strength**
  - Scapular stabilization (scapular clock and manual resisted scapular PNF patterns)
  - Submaximal isometrics – No elbow flexion
- **Goals to Progress to Next Phase**
  1. Control pain and inflammation
  2. Gradual increase in ROM
  3. Promote healing of tissue
  4. Initiate muscle contraction

**(3-6 Weeks)**

- **ROM**
  - Full PROM in all planes **except ER** per patient tolerance by 6 weeks
  - May use pulleys/supine wand in all planes to patient tolerance
  - ER-progress PROM, AROM as tolerated (up to 60°)
  - Gentle posterior capsular stretches and Grade II mobs
  - Keep all exercise pain-free ROM only
- **Strength**
  - Initiate prone and side-lying exercise with light resistance
  - Initiate supine rhythmic stabilization at 90° flexion
  - Initiate IR/ER at neutral (0° of Abduction) with tubing
    - Use towel roll between elbow and side

- Supine punches with light resistance
- UBE for endurance

- **Goals to Progress to Next Phase**

1. Gradual increase in ROM
2. Enhance upper extremity strength
3. Achieve full PROM in all planes **except ER** by 6 weeks
4. PROM ER (up to 60°)

**(6-12 Weeks)**

- **ROM**

- Towel and side-lying internal rotation stretch
- Continue posterior and initiate inferior Grade III-IV mobilization

- **Strength**

- Strength and stability progression with increased ROM
- Stress high reps/low resistance
- Initiate biceps strengthening at 8 weeks
- Initiate plyotoss chest pass
- Initiate PNF patterns with tubing
- Initiate IR/ER exercises at 90° of abduction

- **Goals to Progress to Next Phase**

- Achieve full AROM by 8 weeks **except ER**
- Full PROM External Rotation by 8-10 wks
- Full AROM External Rotation by 10-12 wks
- 5/5 rotator cuff strength
- 65-70% IR/ER isokinetic testing

**(3-4 Months)**

- **ROM**

- Continue with all ROM activities from previous phases if goals were not met
- Continue Pectoralis and Posterior Capsular stretch

- **Strength**

- Light tossing – Up to 45 ft. with emphasis on proper mechanics and follow through.  
(Only if ROM has been normalized in all planes)
- Initiate single arm plyotoss
- Progress eccentric strengthening of posterior cuff and scapular musculature
- Begin throwing progression and contact activities can start at 4 months