

BICEPS TENODESIS

Patient to be seen within 3 weeks of discharge from the Orthopaedic Unit at Macclesfield District General Hospital

OPERATION

Purpose

For damaged and partially torn long head of biceps. The tendon is transposed from its origin on the glenoid to the humerus, with screws or anchors.

NOTE: If a biceps tenodesis is performed as part of a rotator cuff repair then follow the rotator cuff repair protocol.

THERAPIST

In patient

- Polysling fitted
- Finger and wrist movements

1-3 weeks

- Teach postural awareness and scapular setting.
- Regain scapula and glenohumeral stability working for shoulder joint control rather than range.
- Active elbow flexion and extension in standing as tolerated.
- Active-assisted shoulder movement as tolerated.
- **AVOID RESISTED ELBOW FLEXION AND FORCED PASSIVE EXTENSION**

3-6 weeks

- Wean off polysling
- Strengthen rotator cuff muscles – isometric → resisted
- Start elbow flexion with light resistance, as tolerated.

6 weeks +

- Eccentric biceps exercises with scapula control if required.

MILESTONES	
Week 6	Full active range of shoulder and elbow motion
Week 12	Full active range of shoulder and elbow motion with dynamic scapula stability throughout range (concentric and eccentric)

Functional Activities

Driving 3-6 weeks
Swimming Breaststroke 3 weeks

Golf	Freestyle 16 weeks
Contact sports	6 weeks
Lifting	Surgeon decision
	Light lifting (cup of tea) 3 weeks
	Heavy lifting 3 months
Return to work	Sedentary as tolerated
	Manual – guided by surgeon