DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Post-Operative Physical Therapy Protocol

Biceps Tenodesis

Northwell Health • Department of Orthopedic Surgery & Sports Medicine • Dr. Kaisen Yao, MD

Patient Name	Date of Surgery	Prescribing Surgeon
		Dr. Kaisen Yao, MD

General Guidelines & Precautions

- For isolated biceps tenodesis. If a rotator cuff, subscapularis, or labral repair was also performed, follow the more protective restrictions and confirm the plan with Dr. Yao.
- Wear the sling for 4 weeks, including sleep; remove for hygiene and prescribed exercises. Wean at 4 weeks when cleared.
- No active elbow bending or active palm-up rotation for 4 weeks. No lifting, resisted elbow flexion or supination, pushing, pulling, or supporting body weight through the arm for 6 weeks.
- Progress by healing, pain, motion, and control as well as time. Reduce exercise if pain or swelling persists into the next day.
- Contact the office for fever, wound drainage, increasing redness, uncontrolled pain, new numbness, or a sudden pop with bruising or a new biceps bulge.

PHASE I

Protection & Passive Motion

TIMEFRAME

WEEKS 0-4

Goals:
Protect tendon-to-bone healing, reduce pain and swelling, and maintain comfortable passive shoulder and elbow motion.

Precautions:
No active shoulder elevation or active biceps use. Avoid reaching behind the back, shoulder extension beyond neutral, forceful stretching, and direct friction massage over the tenodesis.

Interventions:
Gentle passive shoulder motion; external rotation limited to 40 degrees for the first 4 weeks unless otherwise ordered. Supported passive elbow flexion/extension and forearm rotation; active wrist/hand motion, gentle grip, scapular setting, and ice with skin protection.

Criteria to Progress:
Healing incision, controlled pain, tolerance of protected passive motion, and clearance to begin active motion at 4 weeks.

PHASE II

Restore Active Motion

TIMEFRAME

WEEKS 4-6

Goals & Interventions:
Wean from sling when cleared. Begin unresisted active elbow bending/straightening and forearm rotation. Progress shoulder motion from assisted to active without shrugging; add gentle cuff and scapular isometrics with the elbow supported.

Precautions & Progression:
No resisted biceps work, lifting, pushing, pulling, or arm weight bearing through 6 weeks. Avoid aggressive extension stretching. Progress when active motion is comfortable, scapular control is good, and the tenodesis is not tender with exercise.

PHASE III

Progressive Strengthening

TIMEFRAME

WEEKS 6-12

Goals & Interventions:
Restore full comfortable motion and shoulder endurance. Begin low-load cuff and scapular strengthening after clearance. At 8 weeks or later, add light resisted elbow flexion and supination if motion is pain-free and there is no tenodesis tenderness; increase gradually through weeks 10-12.

Precautions & Progression:
Avoid heavy curls, pull-ups, sudden traction, and heavy overhead loading. Advance only without next-day pain or swelling. Progress when full functional motion and good control are restored and light resistance is well tolerated.

PHASE IV

Return to Work & Sport

TIMEFRAME

MONTHS 3-6

Goals & Interventions:
Build lifting tolerance, strength, and endurance with gradual task-specific loading. Progress overhead exercise and work or sport drills under therapist supervision; add throwing or swimming progression only when cleared.

Return & Discharge Criteria:
Heavy lifting, throwing, and contact sports generally require 4-6 months and Dr. Yao's clearance. Require full pain-free motion, near-symmetrical strength, controlled task-specific mechanics, and no pain or swelling after activity. Heavy biceps loading is introduced last.

This protocol is a general guideline. The treating physical therapist should coordinate progression with Dr. Yao based on fixation, tissue quality, associated procedures, and functional demands.