

**Nikhil Verma, MD**  
**Lauren Rooney, MMS, PA-C**  
**Nate Davidson, MS, PA-C**  
**Mara Weaver, PA-C**  
**1611 W. Harrison, Suite #300**  
**Chicago, IL 60612**  
**Vermapa@rushortho.com**  
**Fax: 708-409-5179**  
[www.sportssurgerychicago.com](http://www.sportssurgerychicago.com)

MIDWEST  
ORTHOPAEDICS  
at RUSH



### **Post-Operative Rehabilitation Guidelines for Shoulder Arthroscopy Biceps Tenodesis**

- 0-4 Weeks:** Sling for Comfort.  
May discontinue after 4 weeks  
Passive to Active shoulder ROM as tolerated  
140° Forward Flexion  
40° External Rotation with arm at side  
Internal rotation behind back with gentle posterior capsule stretching  
No rotation with arm in abduction until 4 wks  
With distal clavicle excision, hold cross body adduction until 8wks.  
Grip Strength, Elbow/Wrist/Hand ROM, Codmans  
Avoid Abduction and 90/90 ER until 8wks  
No resistive elbow flexion until 8 wks
- 4-8 Weeks:** Discontinue Sling  
Advance ROM as tolerated (Goals FF to 160°, ER to 60°)  
Begin Isometric exercises  
Progress deltoid isometrics  
ER/IR (submaximal) at neutral  
Advance to theraband as tolerated  
No resisted elbow flexion until 8 wks
- 8-12 Weeks:** Advance to full, painless ROM  
Continue strengthening as tolerated  
Begin eccentrically resisted motion and closed chain activities  
Only do strengthening 3times/wk to avoid rotator cuff tendonitis