



Indiana University Health

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Isolated Open or Arthroscopic Biceps Tenodesis

Updated 9/2025

General Post Op Instructions

Wound Care	<ul style="list-style-type: none">✓ Dressings can be removed 2 days after surgery, or they can be removed at the first physical therapy appointment✓ If desired, incisions may be covered with simple dressings (band-aids)
Swelling	→ Swelling and bruising are to be expected after a surgical procedure
Ice and Elevate	<ul style="list-style-type: none">✓ Ice 20 minutes on 20 minutes off, several times a day to help with swelling✓ Do not place ice or cold back directly onto the skin✓ Elevate the limb above the heart when able
Showering	<ul style="list-style-type: none">→ Do not soak incisions in water until after stitches are removed→ You may begin to shower 2 days after surgery after dressings are removed<ul style="list-style-type: none">○ Allow soapy water to run over the incision but do not scrub○ Dry, apply band-aids if needed
Driving	<ul style="list-style-type: none">✓ Dr. Call does not release patients to drive at a specific date or week post op✓ It is unlawful to drive under the influence of opioid (strong pain) medications✓ Must be able to safely apply the brakes before returning to drive✓ Driving in a brace/sling/boot is not recommended

Weight Bearing Restrictions and Brace Use

Arthroscopic or Open Biceps Tenodesis	
Week 1-2	<ul style="list-style-type: none">✓ Sling day and night; to be removed for elbow ROM TID, exercises, and hygiene only✓ NWB
Weeks 3-4	<ul style="list-style-type: none">✓ Sling day and night; to be removed for elbow ROM TID, exercises, and hygiene only✓ NWB
Weeks 5	<ul style="list-style-type: none">✓ Sling at night only✓ Progress weight bearing
Week 6	✓ DC Sling



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Immediate Post Operative Phase (up to week 4)

Overall Goals	<ul style="list-style-type: none">✓ Protect the anatomic repair✓ Prevent negative effects of immobilization✓ Diminish pain and inflammation
Cautions	<ul style="list-style-type: none">→ No active elbow flexion for 4 weeks→ No resisted elbow flexion for 8 weeks→ No biceps activation
Range of Motion	<ul style="list-style-type: none">✓ Elbow gentle PROM (not stretching): flexion, extension, supination, pronation✓ No active or passive shoulder extension beyond neutral with the elbow extended for 8 weeks✓ Week 1: begin passive shoulder ROM (ie Codman's) with the elbow bent to protect the repair<ul style="list-style-type: none">○ As weeks progress, continue to progress passive shoulder and elbow ROM
Therapeutic Suggestions	<ul style="list-style-type: none">→ Scapular stabilization exercises<ul style="list-style-type: none">○ Can begin scapular manual resistance exercises after week 2→ Hand and wrist gripping exercises→ Gentle oscillations of the scapulothoracic and glenohumeral joint→ As passive motion allows, can progress to table slides in flexion – use body as the driving force→ Wall climbs with other arm as a support→ Weeks 3-4: submaximal shoulder isometrics, scar massage
Progression Ready to Next Phase	<ul style="list-style-type: none">✓ Full passive shoulder and elbow ROM <p><i>If not all goals are met, patient may progress to the next phase with intervention plan in place to address deficiencies</i></p>

Intermediate Rehabilitation Phase (Weeks 5 – 8)

Overall Goals	<ul style="list-style-type: none">✓ Gradually restore full ROM and capsular mobility✓ Preserve the integrity of the surgical repair✓ Restore muscular strength and balance✓ Normalize scapulohumeral rhythm
Cautions	<ul style="list-style-type: none">→ No resisted elbow flexion for 8 weeks
Range of Motion	<ul style="list-style-type: none">✓ Shoulder and elbow progression of passive ROM to active ROM as patient tolerates in all directions✓ Continue PROM and mobilizations if needed.✓ Goal is near full PROM at this point
Therapeutic Suggestions	<ul style="list-style-type: none">→ Add shoulder AAROM→ Begin rhythmic stabilizations→ Prone row (start with no resistance)→ Active punches (protraction and retraction) at 90 degrees shoulder abduction



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- Supine active flexion, scaption – may start with elbow flexed. Progress to elbow straight and then to dumbbells. Begin from 90-60, progress from 90-45 and then 90-20 degrees as tolerate
 - UBE for ROM only (slowly, minimal resistance).
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Progression	✓ Full non-painful ROM
Ready to	✓ Good Scapulohumeral rhythm
Next Phase	✓ Muscular strength graded good(4/5) or better
	✓ No tenderness

Advance Strengthening Phase (Weeks 9 – 12)

Overall Goals	✓ Establish and maintain full functional ROM and capsular mobility ✓ Dynamic shoulder stability ✓ Optimize neuromuscular control ✓ Improve muscular strength, endurance, power and stability ✓ Initiate functional activities and gradually return to full functional activity
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Cautions	→ Avoid acute strong eccentric load to the biceps
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Range of Motion	✓ Range of motion as tolerated
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Therapeutic Suggestions	→ Progress push-up plus exercises – scapula motion only with elbows kept straight. → Progress push up plus exercise – scapula motion only with elbows kept straight → Week 9: Bodyblade ER/IR at 0°, 90° flexion & scaption → Week 10: Impulse –ER/IR at 0° → Progress resistance on standing flexion/scaption/abduction as tolerated without shoulder hiking → May initiate light upper extremity weight training on exercise machines and progress as tolerated. → Non-athletes initiate endurance program that simulates desired work activities/requirements → Resisted bicep curls; include supination and pronation
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Progression	✓ Return to heavy labor between month 3 to 6 depending on patient progress
Ready to	✓ Begin throwing after month 4 if demonstrates good stability and control with sport activities
Next Phase	✓ Begin contact sports after month 6
