

Name: _____ Date of Birth: _____
Diagnosis: Bicep Tendonitis Code: M75.20
Procedure: Bicep Tenodesis Surgery Date: _____

In order for University of Utah Health Care to complete this referral, please fax the patient's first consult notes to the University of Utah Orthopaedic Center at 801-581-4404. Thank you.

Timing of each phase varies based on individual patient factors, length of time immobilized, strength/ROM status, and expected performance/activity demands.

Phase I: Protected Repair, Restore ROM (0 to 6 weeks)

- May remove dressing and shower post-operative day #3
- Sutures will be removed within 2 weeks at your first office visit
- Ice or cold flow systems encouraged for the first week at a minimum 3-4 times a day
- Sling should be worn at all times other than showering and doing exercises
- Scapular ROM exercises
- Avoid pure active shoulder exercises, resisted biceps exercises
- Do not lift anything with the surgical arm
- Avoid shoulder rotation ROM from abducted position and cross body motions
- Exercise program 3 times per day:
 - Emphasize home program
 - Immediate elbow, forearm, and hand range of motion out of sling
 - Pendulum exercises
 - Passive and active assisted ROM: flexion and scapular plane elevation to tolerance
 - Passive and AAROM ER to 45 degrees

Phase II: Active ROM (6 weeks to 12 weeks)

- Discontinue sling
- Lifting restriction of 10 lbs until 3 months
- AROM, PROM, and capsular mobility as tolerated
- Avoid rotational ROM in abducted position until 8 weeks
- Initiate rotator cuff and gentle biceps strengthening (up to 10 lbs)

Phase III: Strengthening, Restore Function (>12 weeks)

- No lifting restrictions
- Advance to higher level rotator cuff and scapular stabilizer strengthening
- Start throwing progression if applicable

Modalities per Therapist

Freq: 1-3x/week

Duration: 8-12 weeks

Signature _____