

## BICEPS TENODESIS REHABILITATION

Please give to your physiotherapist

0 to 6 weeks (see Dr Burrow in his rooms at 2 weeks post-op)

Begin passive motion 0- 90° forward flexion supine with the elbow bent to 90°

Gentle Passive ER to 20 and IR

Elbow gentle flexion to full extension in neutral rotation or supination

Use the hand and arm for eating, computer, paperwork etc

You can lift a mobile phone in weight

Don't lift arm out in front above chest height or out the side

Wear sling only when walking or traveling or if uncomfortable

Otherwise the arm can be out of the sling most of day, but it's probably better to sleep with it at night.

### Pain Control

You will be given strong pain killers when you leave the hospital, like Panadeine Forte or Endone to take as breakthrough pain killers or on going to bed at night

You can take anti-inflammatories for 1 week.

However almost all the post-op pain is better controlled with regular Panadol every 6 hours and Nurofen 6 hourly, 3 hours after the Panadol.

Make the arm comfortable by positioning it out of the sling, resting it on your tummy or a pillow.

Sleep in a reclining chair with the sling or with a body-hugging pillow.

Regular icing with the ice pack: 30mins on 4 times daily and after exercises or physio is very helpful.

3 times a day, wrist and hand exercises with a squeeze ball, but the arm must be kept internally rotated during these exercises.

Physiotherapy to teach isometric muscle contraction of deltoid and scapular stabilizers, elbow and hand movement.

Cover the wounds with a waterproof dressing to shower, support the arm in a cloth / paper sling or on the soap dish.

6 – 12 weeks after surgery (post-op review with Dr Burrow at 6-8 weeks)

Begin formal rehabilitation under physiotherapy guidance.

Active elbow movement and very gentle strengthening with no resistive exercises for 10 weeks progressing to normal power at 4 months.

No more sling, except if in a rowdy crowd situation.

Begin passive motion 0- 180° forward flexion supine.

Passive Full IR and ER and begin gentle active ROM.

Begin formal strengthening forward elevation / internal / external rotation, retraining of scapulo-thoracic rhythm and proprioception.

**No abduction for 4 months until all other movements are full as premature abduction whilst the shoulder is stiff including abnormal scapulo-thoracic rhythm can result in impingement.**

You may walk for exercise out of sling.

12 – 24 weeks after surgery (post-op review with Dr Burrow at 16 weeks)

Continue passive forward elevation, internal and external rotation range of movement.

Jog and swimming (breaststroke only).

Continue strengthening and stretching of the shoulder.

Sports specific strength and endurance training.

Tennis overhead serve, freestyle swimming, surfing) when fully rehabilitated with respect to motion, strength & proprioception. This usually does not occur until 6 months, 9 months for throwing.

You may feel more comfortable with shoulder taped or strapped for sports.

Work, sport and driving

Most people can:

After 10 -14 days: Return to office or light duties (2-5kg lifting / mobile phone, no use of the arm at chest height or above, no repetitive duties e.g. process line work).

2-6 weeks: Only household walking for first 2 weeks, then gentle exercise walking in a sling.

3-6 weeks: Start driving 15-30 minutes as you feel safe and confident. Don't travel by crowded trains or buses for 6 weeks.

No truck driving until 4 months.

No heavy lifting, particularly above chest height for 4 months.

**GREGGORY BURROW**