## **Physical/Occupational Therapy Prescription**

Frequency: 2 times/week Duration: 6 weeks

Name:				Date of Birth:	
Diagn	osis: <u>Bi</u>	ceps tendonitis		_Code:	M75.20
Proced	dure: <u>Bi</u>	ceps Tenodesis			
Instructions:					
<ul> <li>Range of motion: <ul> <li>Sling for the first 4 weeks post-operatively and then discontinue.</li> <li>Begin immediate range of motion including scapular range of motion.</li> <li>Progress from passive to active-assisted to active motion as tolerated.</li> <li>Begin with pendulums, pulleys, and wand/cane exercises.</li> <li>Avoid cross-body adduction and rotational motions in flexion or abduction until 140° elevation and 40° external rotation in adduction have been achieved.</li> </ul> </li> </ul>					
Streng	<ul> <li>tolerated.</li> <li>Focus strengthening upon the rotator cuff, deltoid, and scapular stabilizers.</li> <li>Do not strengthen the rotator cuff more frequently than three times per week to avoid tendonitis.</li> <li>Avoid positions of impingement during strengthening.</li> <li>Begin eccentrics, plyometrics, and sport-specific exercises at two months post-operatively.</li> <li>Return to athletics, including pitching, at three months.</li> </ul>				
Limitations:  - No resisted elbow flexion or forearm supination for the first six weeks post-operatively to avoid stressing the biceps tenodesis.					
Please provide a home exercise program.					
<b>Moda</b> Heat k		er therapy. Remaining mo	dalities per therapist	t.	

Signature: \_\_\_\_\_\_Date: \_\_\_\_\_