## **Physical/Occupational Therapy Prescription**

Frequency: 2 times/week Duration: 6 weeks

Name:			Date of Birth:		
Diagr	nosis:	Biceps tendonitis		_Code:	
		Biceps Tenodesis			
Instru	ictions:				
Range - - - - -	Begin imme Progress fro Begin with p Avoid cross	e first 4 weeks post-operatively ediate range of motion includir m passive to active-assisted to pendulums, pulleys, and wand body adduction and rotational ernal rotation in adduction har	ng scapular range of active motion as tol l/cane exercises. Il motions in flexion	motion. erated.	until 140° elevation
- - - - -	active range Begin with i tolerated. Focus strens Do not stren Avoid positi Begin eccen Return to at Begin throw	gthening once pain has subside e of motion, which usually occurs isometrics with the arm at the gthening upon the rotator cuff, ngthen the rotator cuff more fre ions of impingement during stratics, plyometrics, and sport-shletics, including pitching, at the ring from the mound and colling	curs at four weeks positive and then progresside and then progresside and scapul equently than three tengthening.  The pecific exercises at the chree months.	ess to bands a ar stabilizers. times per wee	y.  nd light weights as  ek to avoid tendonitis.  ost-operatively.
Limita -		elbow flexion or forearm supi e biceps tenodesis.	nation for the first si	x weeks post-	operatively to avoid
Pleas	e provide a ho	ome exercise program.			
	nlities before and ice	e after therapy. Remaining mo	dalities per therapis	t.	

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