

Distal Biceps Repair Protocol

Name _____ Today's Date _____

Diagnosis _____ Surgery Date _____

Frequency: 1 2 3 4 5 times/week

Duration: 1 2 3 4 5 6 weeks

Side: R / L

Evaluate only Provide home exercise program (HEP)

Evaluate and Treat

PHASE 1: 0 - 2 weeks:

- Sling and Splint at all times

PHASE 2: 2 - 6 Weeks:

- Please make patient removable extension block splint at 30°
- Progress from PROM to Active Assist ROM – Flex/Ext/Supination/Pronation
 - Initially Limit Extension to 30°, Advance to full extension by 6 weeks.
- Patient should be performing ROM exercises 3-5x/day at home while not at PT (7 days/week)
- Splint at all times other than exercises
- Wrist/Shoulder ROM exercises as tolerated, no resistance

PHASE 3: 6 - 9 Weeks:

- May D/C elbow Splint
- Continue Passive/Active Assist ROM Elbow
- Begin Biceps Isometrics
- Begin Cuff /Deltoid Isometrics
- Maintain Wrist/Shoulder ROM

PHASE 4: 9 - 12 Weeks:

- Begin Active Elbow Flexion against gravity
- Maintain ROM Elbow/Wrist/Shoulder
- Advance to resistive Strengthening Deltoid/Rotator Cuff

PHASE 5: 12 Weeks – 6 months:

- Begin Gradual elbow flexion strengthening and advance as tolerated

Comments:

Modalities: ___ Per therapist ___ Electrical Stimulation ___ Ultrasound ___ Heat before/after ___ Ice before/after

___ Aquatherapy ___ Massage ___ Trigger points ___ ART (Active release techniques) Other _____

Signature _____ Date _____