

Distal Biceps Repair Protocol

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery: _____ Next Physician Appointment: _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

____ Week 1-3:

- Patient does not wear brace or splint. Sling for comfort only.
- Advance forearm/elbow ROM – AAROM advance as tolerated to AROM within pain-free range
- Edema control
- Heat before, ice after exercise sessions
- Gentle passive end-range stretching
- Gentle hand, wrist and shoulder ROM as tolerated
- Goal: full forearm rotation, full flexion, 40 degrees of extension

____ Weeks 3-6:

- Advance ROM as tolerated
- Gentle passive end-range stretching
- Edema control, scar massage
- Heat before, ice after exercise sessions
- Putty for grip strengthening
- Goal: full forearm rotation, full elbow ROM

____ Weeks 6-24:

- Stretching to obtain full ROM if ROM lacking
- Edema control, scar massage
- Begin strengthening exercises for forearm, elbow, scapular stabilizers. Advance as tolerated.
- Goal: full weights by 3 months
- Return to heavy work by 6 months

Comments:

____ Teach Home Exercise Program

Modalities

____ Heat before ____ Ice after ____ Other _____

____ Therapist's discretion

Signature _____