HSS – ERPB
523 E 72nd St, 6th Floor
New York, NY

HSS – West Side
610 W 58th St
New York, NY

HSS – Brooklyn
148 39th St, 7th Floor
Brooklyn, NY

DR. GABRIELLA ODE

Sports Medicine & Shoulder Surgery

www.GabriellaOdeMD.com

www.gabriellaodemd.com

Ode Office Tel: 212.606.1403
Ode Office Fax: 917.260.4903

PHYSICAL THERAPY PROTOCOL
DISTAL BICEPS REPAIR

Procedure	Date of Surgery/Injury: _____ **R L B/L** [ ] Distal Biceps Repair [ ] Distal Biceps (Non-operative)	**Plan** **Physical Therapy for R L B/L** Elbow 2-3x Per Week x 8 Weeks
General Guidelines	▪ The initial elbow extension block will be determined based on the tension of the repair - the elbow flexion angle needed for re-attachment during the surgery. The surgeon will prescribe and document the extension block and set the hinged brace at the first physician post-op visit. The patient will start physical therapy very soon after that appointment. The extension block can be progressed 10° each week by the therapist until they reach full extension. *For example, if it was set at 40° 7 days after surgery, then the PT can progress that to 30° at day 14 assuming there are no symptomatic restrictions.* ▪ In some cases, such as acute tears of healthy tendons, the tendon can be repaired without tension, thus almost full extension. In these cases, a hinge brace is worn just for a couple weeks for wound protection ▪ Please read and follow guidelines below. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. Concomitant injuries may alter the guidelines. Follow physician's modifications as prescribed	
PHASE I (Week 1)	▪ No rehabilitation appointments during first 7 days. ▪ Goals are protection of healing repair and avoiding overstressing the fixation site ▪ Begin to restore motion after first postoperative visit`	
PHASE II (Weeks 2-4)	Appointments are 1-2x per week **Goals:** ▪ Protect repair ▪ Avoid overstressing the fixation site ▪ Begin to restore motion (Increase by 10° every week) **Suggested therapeutic exercise:** ▪ Passive range of motion (PROM) for elbow flexion and supination, within current ROM limits above ▪ Active range of motion (AROM) for elbow extension and pronation, within current ROM limits above	**Precautions:**. ▪ Avoid shoulder extension ▪ Avoid active elbow flexion or supination **Progression Criteria:** ▪ 4 weeks post-op

HSS – ERPB
523 E 72nd St, 6th Floor
New York, NY

HSS – West Side
610 W 58th St
New York, NY

HSS – Brooklyn
148 39th St, 7th Floor
Brooklyn, NY

DR. GABRIELLA ODE

Sports Medicine & Shoulder Surgery

www.GabriellaOdeMD.com

www.gabriellaodemd.com

Ode Office Tel: 212.606.1403
Ode Office Fax: 917.260.4903

	▪ Sub-maximal, pain-free isometrics for triceps ▪ Sub-maximal, pain-free isometrics for biceps with forearm neutral, up to lifting 5 lbs. ▪ Active shoulder motion with 5 pound lifting restriction	
PHASE III (Weeks 5-12)	Rehabilitation appointments as needed. Usually 1x per week **Goals:** ▪ Achieve full elbow motion ▪ Adherence to home exercise program (HEP) **Suggested Therapeutic Exercises** ▪ Single plane AROM for elbow flexion, extension, supination and pronation. ▪ Progress single plane motions to multi-planar motions at 8 weeks post-op if good control with single plane motions ▪ Progress isometrics to light isotonics at 8 weeks if progressive isometrics are pain-free ▪ Progress to more aggressive interventions for ROM if full range has not been achieved by 8 weeks post-op	**Precautions:** ▪ Avoid shoulder extension and eccentric biceps activity ▪ Hinged Brace: continue to progress as described in phase 2 **Progression Criteria:** ▪ 12 weeks post-op ▪ Full elbow AROM Good control with multi-planar elbow movement

HSS – ERPB
523 E 72nd St, 6th Floor
New York, NY

HSS – West Side
610 W 58th St
New York, NY

HSS – Brooklyn
148 39th St, 7th Floor
Brooklyn, NY

DR. GABRIELLA ODE

Sports Medicine & Shoulder Surgery

www.GabriellaOdeMD.com

www.gabriellaodemd.com

Ode Office Tel: 212.606.1403
Ode Office Fax: 917.260.4903

PHASE IV (Begin after meeting Phase III criteria, usually at 12 weeks after surgery)	Rehabilitation appointments as needed **Goals:** ▪ Normal multi-planar high velocity movements without side to side differences or compensations ▪ Normal strength without side-to-side differences or compensations ▪ Adherence to HEP **Suggested Therapeutic Exercises:** ▪ Progress multi-planar motions to include upper quarter, as well as appropriate resistance and velocity ▪ Ensure supination strength is regained ▪ Progress isotonics to eccentrics. Initiate eccentrics in mid-range and ensure strength and tolerance prior to progressing toward end of range ▪ Strength and control drills related to sport specific movements ▪ Sport/work specific balance and proprioceptive drills ▪ Hip and core strengthening ▪ Stretching for patient specific muscle imbalances	**Precautions:** ▪ No active reactive swelling or pain that lasts more than 12 hrs ▪ Must meet strength test requirements for sport/work **Progression Criteria:** ▪ Return to unrestricted sport/work after receiving clearance from the orthopedic surgeon and the physical therapist/athletic trainer. Patient should have less than 15% difference in strength test