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**PHYSICAL THERAPY PROTOCOL
 DISTAL BICEPS REPAIR**

Procedure	Date of Surgery/Injury: _____ R L B/L <input type="checkbox"/> Distal Biceps Repair <input type="checkbox"/> Distal Biceps (Non-operative)
Plan	Physical Therapy for R L B/L Elbow 2-3x Per Week x 8 Weeks
General Guidelines	Goal: Regain full pain-free ROM of elbow and prevent shoulder and wrist stiffness. 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. 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 (Weeks 0-2)	<ul style="list-style-type: none"> ▪ No rehabilitation appointments during this phase ▪ Goals are protection of healing repair and avoiding oversteering the fixation site ▪ Begin to restore motion after first postoperative visit`
Phase II (Weeks 2-4)	<ul style="list-style-type: none"> ▪ Appointments are 1-2x per week ▪ Rehab goals: <ul style="list-style-type: none"> ○ Protect repair ○ Avoid oversteering the fixation site ○ Begin to restore motion ▪ Precautions: <ul style="list-style-type: none"> ○ The initial elbow extension block will be determined based on the tension of the repair - the elbow flexion angle needed for re-attachement 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 will not be necessary. The patient may have a soft sling for comfort but this can be weaned from as soon as they start physical therapy. ○ Avoid shoulder extension. ▪ Suggested therapeutic exercise:

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	<ul style="list-style-type: none"> ○ 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 ○ Sub-maximal, pain-free isometrics for triceps ○ Sub-maximal, pain-free isometrics for biceps with forearm neutra , up to lifting 5 lbs. ○ Active shoulder motion with 5 pound lifting restriction ▪ Cardiovascular Exercise: <ul style="list-style-type: none"> ○ Stationary bike ○ Outdoor walking (no treadmill or uneven surfaces) ▪ Progression Criteria: <ul style="list-style-type: none"> ○ 4 weeks post-op
<p>Phase III (Weeks 5-12)</p>	<ul style="list-style-type: none"> ▪ Rehabilitation appointments as needed. Usually 1x per week ▪ Rehabilitation Goals: <ul style="list-style-type: none"> ○ Achieve full elbow motion ○ Adherence to home exercise program (HEP) ▪ Precautions: <ul style="list-style-type: none"> ○ Avoid shoulder extension and eccentric biceps activity ○ Hinged Brace: continue to progress as described in phase 2 ▪ Suggested Therapeutic Exercises <ul style="list-style-type: none"> ○ 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 isotonic 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 ▪ Cardiovascular Exercise: <ul style="list-style-type: none"> ○ Stationary bike with moderate resistance ○ Deep water running and swimming ○ Elliptical trainer at moderate intensity ▪ Progression Criteria: <ul style="list-style-type: none"> ○ 12 weeks post-op ○ Full elbow AROM ○ Good control with multi-planar elbow movement

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<p>Phase IV (Begin after meeting Phase III criteria, usually at 12 weeks after surgery)</p>	<ul style="list-style-type: none">▪ Rehabilitation appointments as needed▪ Rehabilitation Goals:<ul style="list-style-type: none">○ 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▪ Precautions:<ul style="list-style-type: none">○ No active reactive swelling or pain that lasts more than 12 hours○ Must meet strength test requirements for sport/work▪ Suggested Therapeutic Exercises:<ul style="list-style-type: none">○ Progress multi-planar motions to include upper quarter, as well as appropriate resistance and velocity○ Ensure supination strength is regained○ Progress isotonic to eccentric. 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▪ Cardiovascular Exercise:<ul style="list-style-type: none">○ Design to use sport specific energy systems▪ Progression Criteria:<ul style="list-style-type: none">○ 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
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