

Distal Biceps Tendon Repair Protocol

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

Anytime the dressing is changed or examined, ***please wash hands*** prior with antibacterial soap. Do not apply any ointments or medications to the area. The surgical dressing should be changed by the therapist using ***sterile*** technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips. The new dressing should include dry gauze and ACE wrap. For a shoulder arthroscopy the portals may be redressed with band-aids.

***Range of motion is an important progression of therapy, but limiting swelling is important. Respecting swelling will decrease pain and improve motion.**

3-5 days post op	<ul style="list-style-type: none"> Remove bulky dressing Dress with light compression dressing Monitor incision Long arm functional splint/hinged brace locked at 90°, FA neutral Passive elbow flexion/active elbow extension to ____ (FA neutral) Passive FA supination, active pronation AROM shoulder, wrist and digits (in splint)
3 weeks	<ul style="list-style-type: none"> Progressive active elbow extension exercises 20°-30° per week; goal of full extension at 4 weeks Progressive active FA pronation to reach full by 4-6 weeks Progressive passive elbow flexion and passive FA supination to full by 4 weeks No passive elbow extension until 6 weeks post op
4 weeks	<ul style="list-style-type: none"> Continue PROM if needed Start AROM elbow flexion and FA supination
6-8 weeks	<ul style="list-style-type: none"> Begin gentle strengthening T-band for elbow flexion/extension (8 weeks level 1,2)

	<ul style="list-style-type: none"> • Putty gripping • FA strengthening • Discontinue long arm splint/hinged brace
10-12 weeks	<ul style="list-style-type: none"> • Progressive increase in strengthening
12-16 weeks	<ul style="list-style-type: none"> • Work reconditioning with goal of returning to work without restriction at 4-6 months

Comments: Teach HEP _____

Modalities: PRN

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ **Date** _____