

Patient name:

Date of Surgery:

Surgery performed:

Tyler McGregor D.O.
General Ortho and Sports Medicine
South Bend Orthopaedics
Rehabilitation Protocol:
Distal Biceps Tendon Repair – Accelerated Protocol

This is a general guideline. Certain patients may require extra attention to certain areas of their body or portions of the protocol. Always listen to your therapist; a protocol never replaces their good clinical judgement. Do not attempt to increase weight, perform a new exercise, or increase your range of motion without their direction.

FIRST POST-OP WEEK

- A well-padded post-operative dressing will be placed in the operating room. Keep this clean and dry until removed by PT/OT at your first appointment.
- A sling is provided to rest your arm/elbow and to protect you from others. You may remove the sling while seated with the arm supported, when doing range of motion exercises or showering.
- **Take your pain medication as prescribed, as needed for pain. If you received a nerve block after surgery, take a pain pill as soon as you feel the block wearing off.**
- PT/OT ~ 5 days postoperatively – range of motion unless instructed to be more conservative by surgeon.
 - Passive elbow flexion. Elbow extension with gravity assistance, have your other arm partially support the weight of your surgical side, do not use your other arm to force further extension. There is no range of motion restriction, allow you arm to move as far as it will go without forcing it. Work on range of motion 4-5 times/day, as demonstrated by your therapist.
 - Edema control via compression or manual mobilization.
- Formal therapy to occur once per week, with patient performing routine on own daily.

FIRST POST-OPERATIVE APPOINTMENT ~ 10 days after surgery

- Motion and incision check.
- **Nothing heavier than 1lb, (a coffee cup or set of keys) lifted with the operative arm.**
- Active and active-assisted range of motion exercises may be initiated with the elbow out of the sling, 4-5 times daily, with the sling reapplied between exercise sessions.
 - Elbow extension/flexion, forearm supination/pronation, grip strengthening.

3 WEEKS POST-OP - Scar mobilization techniques may be initiated at the advice of PT/OT

4 WEEKS POST-OP - Second postoperative visit.

6 WEEKS POST-OP

- Sling is discontinued.
 - Dynamic splinting may be initiated for the elbow and the forearm if motion remains limited
 - Goal is to have full active range of motion at this time.
 - Progressive strengthening may be initiated for the elbow, forearm, wrist and hand at the doctors' and therapists' discretion. Therapy Bands, small dumbbells or cables.
 - Increase weight-bearing restriction to 5lbs for activities of daily living and work.

BETWEEN 8-10 WEEKS POST-OP - Third postoperative visit.

- Once full range of motion and a satisfactory healing time frame has been obtained, a work conditioning program is recommended for patients with manual labor jobs that require heavy lifting.
- Physical Therapy visits may increase to 2 or 3 formal visits weekly during this period.

12 WEEKS POST-OP

- Formal weight-bearing restriction may be lifted, a strengthening protocol with therapy bands, cables, free weights and plyometrics must be followed in a stepwise and progressive fashion.
- It may take 6 months or more to return to full-function for those with high demand employment, or athletic activities.

Further follow-up may be scheduled based on patient progress, and clearance needed to return to full activity.