

Patient name:

Date of Surgery:

Surgery performed:

Tyler McGregor D.O.
General Ortho and Sports Medicine
South Bend Orthopaedics
Rehabilitation Protocol and Post-op Instructions:
Distal Biceps Tendon Repair – Moderate 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 splint/dressing will be placed in the operating room. Keep this clean and dry until removed 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.**

FIRST POST-OPERATIVE APPOINTMENT ~ 10 days after surgery

- Splint removed. Motion and incision check.
- **Nothing heavier than 1lb** (a coffee cup, set of keys) should be lifted with the operative arm.
- **You will be provided a hinged elbow brace.** This will be locked in a position of comfort unless you are doing physical therapy. Motion parameters will be set based on your range of motion at your first visit. Continue to use your sling. Range of motion of the shoulder and hand is not restricted.
- **PT/OT** begins – once per week, with patient performing exercises on own 5 times a day.
 - Passive elbow flexion and supination. Elbow extension with gravity assistance. Active assisted gentle pronation. Do not use your other arm to force extension beyond the parameters of you brace.
 - Each stretching exercise should be done for 5 repetitions, hold each rep for 10 seconds.
 - The brace parameters will be increased 10° in each direction, weekly, at therapy visits.
 - Edema control via compression or manual mobilization.

3 WEEKS POST-OP - Scar mobilization techniques may be initiated by PT/OT.

4 WEEKS POST-OP - Second postoperative visit.

6 WEEKS POST-OP

- Sling is discontinued. Elbow brace may be discontinued if full range of motion has been restored.
 - 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.