

REHABILITATION PROGRAM FOR DISTAL BICEPS REPAIR

This protocol provides general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. The intent is to provide the therapist with a general framework. Twin Cities Orthopedics staff will provide contact information for further individual-specific rehabilitation progression consultation and general questions regarding specific patients. Please fax initial assessment and subsequent progress notes directly to Dr. Corey Wulf at 952-944-0460.

Phase I (Week 1)

- Posterior splint at 90° of elbow flexion
- Wrist and hand gripping exercises

Phase II (Week 2 – 6)

- Post op posterior splint removed, and placed into custom splint at 90° of elbow flexion
- Elbow range of motion (ROM) brace – progress ROM as tolerated
 - Week 1 @ 45 - 100°
 - Week 4 @ 30 - 115°
 - Week 6 @ 15 - 130°
- Shoulder exercises (rotator cuff)
- Scapular strengthening
- Wrist extensors and flexors
- No active elbow flexion or supination
- Gripping exercises
- Week 5 – 6, isometric triceps exercises
- Brace for activities while mobile, may remove at rest for ROM exercises

Phase III (Week 6 – 10)

- Elbow ROM
 - Discontinue brace on Week 6
- Week 6, begin:
 - Light isotonic triceps
 - Isotonic wrist flexors/extensors
 - Shoulder isotonics
 - Continue rotator cuff and scapular exercises
 - Progress weight 1 lb./week
 - AROM elbow, wrist, hand, shoulder as tolerated

Phase IV (Week 10 – 16)

- Biceps isometrics @ Week 12
- Continue flexibility exercises
- ROM/stretching exercises
- Week 10 – 12, initiate UBE

Phase V (Week 16 – 26)

- Light biceps isotonic (Week 16)
- Plyometrics
 - Two-handed @ week 16
 - Progress to one-handed at Week 20 – 26

Phase VI (Week 26 and beyond)

- Return to activity (sport specific training)

THIS PROTOCOL PROVIDES YOU WITH GENERAL GUIDELINES FOR THE REHABILITATION OF THE PATIENT UNDERGOING REPAIR OF A DISTAL BICEPS TEAR.

SPECIFIC CHANGES IN THE PROGRAM WILL BE MADE BY THE PHYSICIAN AS APPROPRIATE FOR THE INDIVIDUAL PATIENT.

QUESTIONS REGARDING THE PROGRESS OF ANY SPECIFIC PATIENT ARE ENCOURAGED, AND SHOULD BE DIRECTED TO COREY A. WULF, MD @ 952-456-7000.