

DISTAL BICEPS TENDON OT PROTOCOL

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Initial Post operative Immobilization

- Posterior splint, elbow immobilization at 90° for 5-7 days with forearm in neutral (Unless otherwise indicated by surgeon)

Hinged Elbow Brace (first OT visit 5-7 days postop)

- Elbow placed in a hinged ROM brace at 5-7 days postoperative. Brace set unlocked at 60° to full flexion.
- Gradually increase elbow ROM in brace (see below)
- **Hinged Brace Range of Motion Progression**

(ROM progression may be adjusted base on Surgeon's assessment of the surgical repair.)

Week 2 60 deg to full flexion

Week 3 45 deg to full flexion

Week 4 30 deg to full flexion

Week 5 15 deg to full flexion

Week 6 Full ROM of elbow; discontinue brace if adequate motor control

Range of Motion Exercises (to above brace specifications)

Weeks 2-3

- Passive ROM for elbow flexion and supination
- Assisted ROM for elbow extension and pronation
- Shoulder ROM as needed based on evaluation, avoiding excessive extension

Weeks 3-4

- Initiate active-assisted ROM elbow flexion
- Continue assisted extension and progress to passive extension ROM

Week 4

- Active ROM elbow flexion and extension

Weeks 6-8

- Continue program as above
- May begin combined/composite motions (i.e. extension with pronation).
- If at 8 weeks post-op the patient has significant ROM deficits therapist may

consider more aggressive management, after consultation with referring surgeon, to regain ROM.

Strengthening Program

Week 1

Sub-maximal pain free isometrics for triceps and shoulder musculature.

Week 2

Sub-maximal pain free biceps isometrics with forearm in neutral.

Week 3-4

Single plane active ROM elbow flexion, extension, supination, and pronation.

Week 8

Progressive resisted exercise program is initiated for elbow flexion, extension, supination, and pronation.

- Progress shoulder strengthening program
 - Weeks 12-14: May initiate light upper extremity weight training.
 - Non-athletes initiate endurance program that simulates desired work activities/requirements.