Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

DISTAL BICEPS REPAIR

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ Date of Surgery: _____

Procedure: Right / Left Elbow Distal Biceps Tendon Repair

___ Evaluate and Treat **___ Provide patient with home program**

Frequency: _____x/week x _____weeks

__ Phase I (0-6 wks): ***Period of protection: splint/brace should be worn at all times during this phase (except for hygiene and PT). No active elbow flexion. Therapists may slowly advance elbow extension (and corresponding brace setting) within a tension-free zone per protocol.***

Weeks 0-1: No formal PT. Splint without motion.

- Splint/brace used to immobilize elbow at 90 degrees and full supination.
- Home exercises only (gentle wrist and shoulder ROM).

Weeks 1-6: Begin formal PT. Brace with careful progressive motion.

- Brace locked at 90 deg outside of PT and rehab efforts. As below, will be unlocked to allow ROM X degrees (depending on week) to full flexion, with extension setting reduced slowly (ie. roughly 10 degrees per week) to match whatever passive, tension-free extension is achieved during therapy sessions (see below). Brace should be worn at all times locked at 90 deg (except for hygiene or PT).
- ROM: Extension: active and gentle passive elbow extension, advancing as tolerated to a ***tension-free endpoint***. Therapists may slowly reduce the extension block setting on the brace to match the tension-free extension achieved during therapy sessions on a weekly basis per the above guidelines. Brace otherwise locked at 90 deg OR physician may specify to allow lock position change to tension-free endpoint (i.e., if elbow can be passively extended to 20 degrees without tension, brace may be reset to 20 degree extension block after that therapy session). Flexion: ***passive-only*** flexion to tolerance (**NO active flexion**). Passive forearm supination/pronation with elbow at 90 degrees of flexion. Continue shoulder and wrist ROM.
    - Goal: near-full, tension-free elbow and forearm motion by 6 weeks.
- Strengthening: Cuff/periscapular/forearm isometrics in brace, within above motion limits.

Phase II (6-12 wks): ***Brace is discontinued, and motion is more aggressively advanced. Still no resisted elbow flexion or lifting with the operative arm.***

- Discontinue brace.
- ROM: Advance active and passive elbow extension to full (if not already achieved). Gentle passive stretching at end-ranges as tolerated. Begin gentle active elbow flexion (gravity only). Continue forearm supination/pronation, shoulder and wrist ROM. Goal: full, tension-free elbow and forearm motion by 9 weeks.
- Strengthening:
    - ***Avoid resisted elbow flexion until 3 months post-op.***
    - Progress cuff/periscapular and forearm isometrics → bands. Only do 3x/week to avoid cuff tendonitis.
    - Modalities as per PT discretion

__Phase III (3-6 months): ***Begin resisted elbow flexion and progress to sport/occupation-specific rehab.***

- ROM: Unrestricted active and passive stretching at end ranges as tolerated.
- Strengthening/Activities:
  - Continue bands, progressing to light weights (1-5 lbs), 3x/wk.
  - Begin gentle resisted elbow flexion and transition to closed chain upper extremity/forearm strengthening within pain-free limits.
  - Progress to sport-specific/job-specific exercises at 4.5 months.
    - Depending on job requirements, may resume lifting once full-strength achieved and healing adequate (usually by 6 months).

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient __ would __would not benefit from social services.

_____ Date:_____

Bryan M. Saltzman, MD