



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

SNAPPING BICEPS FEMORIS REPAIR

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____

Date: _____

Procedure: Right/Left Snapping Biceps Femoris Repair

___ Evaluate and Treat – no open chain or isokinetic exercises

___ Provide patient with home exercise program

Frequency: _____ x/week x _____ weeks



___ **Phase I (0-6 wks): *Period of protection. A home-program alone may suffice for this period of time.***

-NWB with crutches, brace locked in extension *during all activity and during sleep.*

-ROM :

-Knee: No active knee flexion for 6 weeks. Passive knee ROM limited to 0-90 deg for the first 2 weeks; then can progress passive motion to full as tolerated.

-Ankle/Hip: ROM exercises 2-3 x per day.

-Strict elevation while seated.

___ **Phase II (6-12 wks): *Begin regular, supervised strengthening and wean from the brace.***

-Wean from crutches, then D/C brace once ambulating with a normal gait and can perform SLR without an extension lag.

-ROM – after 6 weeks postop, wean from crutch and discontinue once patient can ambulate without a limp. Advance active and active-assisted ROM as tolerated; gentle passive stretching at end-range. Goal: 0-120 or greater by 12 weeks.

-Stationary bike can begin at 6 weeks

-D/c brace

- No isolated hamstring curls and resistive exercises

___ **Phase III (3-6 months): *Begin more sport-focused conditioning.***

-*No isolated hamstring curls and resistive exercises for 4 months

-At 5 months, start jogging and progress to agility training and/or other sport-specific rehab as tolerated

-Begin to wean patient from formal supervised therapy encouraging independence with home exercise program by 5-6 months. Return to sport around 5-6 months when completes functional sports testing.

___ **Other:**

___ Modalities

___ Heat before/after

___ Electrical Stimulation

___ Ice before/after exercise

___ Ultrasound



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