

Hospital for Special Surgery
HSS-Main Campus
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**PHYSICAL THERAPY PROTOCOL
DISTAL BICEPS REPAIR**

Procedure	Date of Surgery/Injury: _____ R L B/L <input type="checkbox"/> Distal Biceps Repair <input type="checkbox"/> Distal Biceps (Non-operative)	Plan Physical Therapy for R L B/L Elbow 2-3x Per Week x 8 Weeks
General Guidelines	<ul style="list-style-type: none"> ▪ The initial elbow extension block will be determined based on the tension of the repair - the elbow flexion angle needed for re-attachment during the surgery. The surgeon will prescribe and document the extension block and set the hinged brace at the first physician post-op visit. The patient will start physical therapy very soon after that appointment. The extension block can be progressed 10° each week by the therapist until they reach full extension. <i>For example, if it was set at 40° 7 days after surgery, then the PT can progress that to 30° at day 14 assuming there are no symptomatic restrictions.</i> ▪ In some cases, such as acute tears of healthy tendons, the tendon can be repaired without tension, thus almost full extension. In these cases, a hinge brace is worn just for a couple weeks for wound protection ▪ Please read and follow guidelines below. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. Phases and time frames are designed to give the clinician a general sense of progression. Concomitant injuries may alter the guidelines. Follow physician's modifications as prescribed 	
PHASE I (Week 1)	<ul style="list-style-type: none"> ▪ No rehabilitation appointments during first 7 days. ▪ Goals are protection of healing repair and avoiding oversteering the fixation site ▪ Begin to restore motion after first postoperative visit` 	
PHASE II (Weeks 2-4)	<p>Appointments are 1-2x per week</p> <p>Goals:</p> <ul style="list-style-type: none"> ▪ Protect repair ▪ Avoid oversteering the fixation site ▪ Begin to restore motion (Increase by 10 degrees every week) <p>Precautions:</p> <ul style="list-style-type: none"> ▪ Avoid shoulder extension ▪ Avoid active elbow flexion or supination 	

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	<p>Suggested therapeutic exercise:</p> <ul style="list-style-type: none"> ▪ Passive range of motion (PROM) for elbow flexion and supination, within current ROM limits above ▪ Active range of motion (AROM) for elbow extension and pronation, within current ROM limits above ▪ Sub-maximal, pain-free isometrics for triceps ▪ Sub-maximal, pain-free isometrics for biceps with forearm neutral, up to lifting 5 lbs. ▪ Active shoulder motion with 5 pound lifting restriction 	<p>Progression Criteria:</p> <ul style="list-style-type: none"> ▪ 4 weeks post-op
<p>PHASE III (Weeks 5-12)</p>	<p>Rehabilitation appointments as needed. Usually 1x per week</p> <p>Goals:</p> <ul style="list-style-type: none"> ▪ Achieve full elbow motion ▪ Adherence to home exercise program (HEP) <p>Suggested Therapeutic Exercises</p> <ul style="list-style-type: none"> ▪ Single plane AROM for elbow flexion, extension, supination and pronation. ▪ Progress single plane motions to multi-planar motions at 8 weeks post-op if good control with single plane motions ▪ Progress isometrics to light isotonic at 8 weeks if progressive isometrics are pain-free ▪ Progress to more aggressive interventions for ROM if full range has not been achieved by 8 weeks post-op 	<p>Precautions:</p> <ul style="list-style-type: none"> ▪ Avoid shoulder extension and eccentric biceps activity ▪ <u>Hinged Brace</u>: continue to progress as described in phase 2 <p>Progression Criteria:</p> <ul style="list-style-type: none"> ▪ 12 weeks post-op ▪ Full elbow AROM <p>Good control with multi-planar elbow movement</p>

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PHASE IV

(Begin after meeting Phase III criteria, usually at 12 weeks after surgery)

Rehabilitation appointments as needed

Goals:

- Normal multi-planar high velocity movements without side to side differences or compensations
- Normal strength without side-to-side differences or compensations
- Adherence to HEP

Suggested Therapeutic Exercises:

- Progress multi-planar motions to include upper quarter, as well as appropriate resistance and velocity
- Ensure supination strength is regained
- Progress isotonic to eccentric. Initiate eccentrics in mid-range and ensure strength and tolerance prior to progressing toward end of range
- Strength and control drills related to sport specific movements
- Sport/work specific balance and proprioceptive drills
- Hip and core strengthening
- Stretching for patient specific muscle imbalances

Precautions:

- No active reactive swelling or pain that lasts more than 12 hrs
- Must meet strength test requirements for sport/work

Progression Criteria:

- Return to unrestricted sport/work after receiving clearance from the orthopedic surgeon and the physical therapist/athletic trainer. Patient should have less than 15% difference in strength test