


Distal Bicep Tendon Repair Guideline

 NMC <small>NORTHWESTERN MEDICAL CENTER</small>	Document Classification	<input type="checkbox"/> Policy <input type="checkbox"/> Procedure <input checked="" type="checkbox"/> Guideline
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Purpose:

Define the process to be followed for all patients referred from Northwestern Orthopedics after the above procedure has been performed.

Target Users:

Treatment will follow the defined guidelines below and be carried out by Physical Therapist, Athletic Trainer and/or Physical Therapy Assistants.

Definitions:

N/A

Guidelines:

Outpatient Physical Therapy to begin POD 3

2 weeks postop

Splint: x 2 weeks post op Sling: with elbow at 90 degrees when not in therapy x 4 weeks

Edema Control: ice

Tensogrip

Kinesio taping as indicated.

ESTIM as indicated.

Active assisted elbow extension to 60 degrees x 2wks

Active assisted pronation with elbow at 90 degrees x 6 weeks

Passive and Active assisted elbow flexion > 90 degrees allowed.

Passive and Active supination with elbow at 90 degrees allowed.

NO extension stretching.

NO pronation stretching.

NO resistance

Active wrist and finger ROM allowed.

2 weeks – 4 weeks post-op

Edema Control: ice

Tensogrip

Kinesio taping as indicated.

ESTIM as indicated.

Sling: with elbow at 90 degrees when not in therapy x 4 weeks

Active assisted elbow extension to 45 degrees x 2wks

NO extension stretching.

NO pronation stretching.

NO resistance

Shoulder active and passive ROM as needed based on evaluation, avoiding excessive shoulder extension.

Continue Passive and Active assisted elbow flexion > 90 degrees and Passive and Active supination with elbow at 90 degrees.

May initiate scar massage.

4 weeks – 6 weeks post-op

Edema Control: ice

Tensogrip

Kinesio taping as indicated.

ESTIM as indicated.

Active assisted elbow extension to 30 degrees x2 weeks

NO extension stretching.

NO pronation stretching.

NO resistance

Continue active assisted elbow flexion.

May use putty for grip strengthening.

6 Weeks post-op

Full active range of motion allowed.

May now start Active combined motions (pronation with elbow extension)- no stretching.

Isometric triceps contraction elbow at 90 degrees allowed.

Progress grip strengthening activities slowly, may initiate light progressive wrist strengthening.

8 weeks post-op

May begin light resistance progressing slowly to full resistance at 12 weeks (may begin light stretching for ROM deficits, may begin light weights for strengthening)

12 weeks post-op

Full progressive strength training allowed.

Biceps isometrics allowed.

Responsibilities:

Variance will be communicated by the surgeon directly to the rehabilitation staff.

References:

Clinical Orthopedic Rehabilitation a Team Approach

Fourth Edition Giangarra, Charles, Manske, Robert, Brotzman S. Brent copyright 2018