



Distal Bicep Tendon Repair Protocol

Applicability: Physician Practices	Date Effective: 09/2013
Department: Rehabilitation Services	Date Last Reviewed: 1/2018
Supersedes: n/a	Or Date Last Revision:
Administration Approval: Amy Putnam, VP Physician Services	

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

Policy Statement:

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

Background: n/a

Definitions: n/a

Procedure:

Outpatient Physical Therapy to begin POD 3

Post Op – 2 weeks

Sling: with elbow at 90 degrees when not in therapy

Edema Control: ice

tensogrip

Kinesiotaping as indicated

ESTIM as indicated

Active assisted elbow extension to 60 degrees x 2wks

Active assisted pronation with elbow at 90 degrees x 6 wks

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

Kinesiotaping as indicated



ESTIM as indicated

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

Kinesiotaping as indicated

ESTIM as indicated

Sling: with elbow at 90 degrees when not in therapy

Active assisted elbow extension to 30 degrees x2 wks

NO extension stretching

NO pronation stretching

NO resistance

Continue active assisted elbow flexion

May use putty for grip strengthening

6 Weeks post-op

sling may be discontinued

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

Note Well: n/a

Monitoring Plan: rehab chart audit

Related Policies: n/a

References: n/a

Reviewers: Rehab and Orthopedics



- A. **Key Stakeholders:** Michael Barnum, Ortho Medical Director
- B. **Committees:** n/a
- C. **Key Process Owner (KPO):** Kristy Cushing, Rehab Manager. Karen Staniels Director of Ortho Rehab

Not part of policy: [ADD Key words for policy search if end user didn't know the name]