Distal Bicep Tendon Repair Protocol

**Applicability:** Physician Practices

**Department:** Rehabilitation Services

**Supersedes:** N/A

**Administration Approval:** Deanna Orfanidis VP, Chief Nursing Officer

**Date Effective:** 09/2013

**Date Last Reviewed:** 1/2021

**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 being POD 3

**Post Op – 2 weeks**
- Splint: x 2 weeks post op Sling: with elbow at 90 degrees when not in therapy x 4 weeks
- 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
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
Kinesiotaping as indicated
ESTIM as indicated
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
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

Related Policies: N/A
References: N/A

Reviewers:

A. Key Stakeholders:
   • Dr. Andrew Myrtue - Medical Director, Ortho & Rehab
   • Karen Staniels - Director, Ortho, Rehab & Occupational Health

B. Committees: N/A

C. Key Process Owner (KPO): Kristy Cushing – Manager, Rehab Services

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