

**(PROTOCOL #16) POST OPERATIVE DISTAL BICEPS REPAIR**

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The Following is a set of general guidelines. It is important to remember that each patient is different. The progression of the patient depends on many factors including age and medical health of the patient and physician preferences. Any bracing is discontinued **ONLY UPON DIRECTION OF PHYSICIAN.**

<b>PHASE</b>	<b>FUNCTIONAL PROGRESSION/ACTIVITIES</b>	<b>GOALS/RESTRICTIONS</b>
1-3 days post op	OT for ADL modifications Patient will have splint in 90° elbow flexion Initiate edema control Initiate putty exercises Initiate AROM with wrist, hand and shoulder (pendulums)	DASH baseline and every 4 weeks
2-3 weeks	PROM to patient comfort level, elbow forearm flexion Initiate supination/pronation AROM and scar massage Continue AROM with wrist and hand Continue putty exercises	Patient may have hinge splint in short arc, determined and issued by Physician * <b>PHYSICIAN WILL ADJUST SPLINT ROM AS APPROPRIATE.</b>
6 weeks	Active elbow extension, active and passive elbow flexion out of hinge splint HEP for the same to do at home 6x/day for 10 minute sessions	Continue to wear splint as directed by Physician except to exercise and bathe <b>6 TO 7 WEEKS BRACING DISCONTINUED AS DIRECTED BY PHYSICIAN</b>
7 – 8 weeks	PROM in initiated to the elbow in extension Ultrasound may be initiated to enhance the elasticity of the underlying soft tissue structures. This may include stretching with 2-4 pound weights. Emphasis should be placed on progressively strengthening the elbow, forearm, wrist and hand Emphasize endurance initially and power strength secondarily is recommended.	Brace may be discontinued.

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10 weeks	Upper extremity strengthening may be initiated beginning with 1# weights. Emphasis placed on a home program to progressively build extremity endurance program.	Continue progressive strengthening program
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**Refer to enclosed table for suggested exercises which optimize muscle function based on EMG activity.**

Approved By:

Physician reserves the right to adjust these protocols for each patient.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Robert Doane, M.D.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Balu Pisupati, PT