

Rehabilitation Protocol: Distal Biceps Repair



NYU Hospital for Joint Diseases
NYU LANGONE MEDICAL CENTER

Craig M. Capeci, MD
Orthopaedic Surgery & Sports Medicine
Clinical Assistant Professor

__1095 Park Ave, NY 212-427-7750
__1056 5th Ave, NY 212-348-3636
__263 7th Ave, Bklyn 718-246-8700

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-1)

- **No Formal Physical Therapy**
- Elbow immobilized in posterior splint and sling
- Perform active range of motion of digits.
- **0-2 weeks:** No lifting more than a coffee cup with operative extremity

Phase II (Weeks 1-6)

- **No Formal Physical Therapy**
- Discontinue splint and sling immobilization
- **0-2 weeks:** No lifting more than a coffee cup with operative extremity
- **2-6 weeks:** No lifting more than 2 lbs with operative extremity
- Range of Motion
 - Begin full active and active-assist shoulder, wrist and digit range of motion
 - Begin full active and gentle active-assist elbow range of motion
 - **Goal:** Full active elbow flexion, supination and pronation by 6 weeks

Phase III (Weeks 6-12)

- **Begin Formal Physical Therapy**
- Range of Motion – Progress to full AROM of elbow without discomfort
 - Begin passive extension and stretching to progress to achieve full range of motion
- Therapeutic Exercise
 - Begin elbow flexion/extension and supination/pronation isometrics
 - **Week 8:** Begin resistive exercises – Theraband, TheraTube
- Modalities per PT discretion

Phase IV (Months 3-6)

- Range of Motion – Full without discomfort
- Therapeutic Exercise – Advance strengthening exercises
 - Progressive resistive exercises, advance to weights
 - Sport/Work specific rehabilitation
 - Full unrestricted activity/return to sports at 6 months if approved by MD
- Modalities per PT discretion

Comments:

Frequency: ____ times per week

Duration: ____ weeks

Signature: _____

Date: _____