



DISTAL BICEPS REPAIR



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Distal Biceps Repair - Physical Therapy Prescription

Please fax progress notes to Advanced Orthopedics & Sports Medicine at 720-895-1121

Name: _____

Date of Surgery: _____

Diagnosis: R / L Distal Biceps Repair – Cortical Button/Screw

Frequency: 2-3 times per week for _____ weeks, Therapy to start 10-14 days after surgery

Phase I: Early ROM (0 to 6 weeks)

- Brace locked at 90 degrees until first clinic visit, OK to remove for hygiene
 - Sutures will be removed by physician after first clinic visit
 - Initiate ROM exercises 3 - 5 times per day in hinged elbow brace:
 - PROM into flexion and supination IN BRACE
 - AAROM into extension and pronation IN BRACE
- BRACE SETTINGS**
- Week 0-2: brace locked from 60 degrees to full flexion
 - Week 3-4: brace locked from 30 to full flexion
 - Week 5-6: brace unlocked
 - Week 6+: brace unlocked, full motion, Grip ROM and strengthening exercises, Pro/supination always performed at 90 degrees of flexion

Phase II: Restore Function (6-12 weeks)

- Progress active and passive ROM as tolerated.
- Initiate gentle elbow and forearm strengthening.
 - No Lifting/carrying > than 5 lbs, no repetitive use

Phase III: Return to activities/strenuous work (>12 weeks)

- Increase strength and endurance (activity/work specific) training
- Progress to RTS/RTW function testing

Return to Work/Sport/Release (16+ weeks)

1. Full, pain free range of motion
2. Strength is equal bilaterally (at least 85% of contralateral arm)
3. Has met specific functional/activity goals
4. Has been cleared by physician

Signature: _____

Date:

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