

Edward S. Chang, MD Orthopaedics and Sports Medicine

OFFICE LOCATIONS

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WEDNESDAY 1005 N. Glebe Rd Suite 410 Arlington, VA 22201 T 571-414-6940 F 703-970-6465

THURSDAY

FRIDAY (AM only) 6355 Walker Lane Suite 300 Alexandria, VA 22310 T 703-797-6980 F 703-797-6981

CLINICAL NURSE

Eileen Perri, BSN (703) 797-6918

REHABILITATION GUIDELINES

DISTAL BICEPS REPAIR

The rehabilitation guidelines are presented in a criterion based progression program. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions and precautions may also be given to protect healing tissues and the surgical repair/reconstruction.

INDIVIDUAL CONSIDERATIONS:

Initial Post- Operative Immobilization

• Posterior splint, elbow immobilization at 90° for 5-7 days with forearm in neutral

Hinged Elbow Brace

• Elbow placed in a hinged ROM brace at 5-7 days postoperative. Brace set unlocked at 45° to full flexion.

• Gradually increase elbow ROM in brace (see below).

Hinged Brace Range of Motion Progression

- Week 2: 45° to full elbow flexion
- Week 3: 45° to full elbow flexion
- Week 4: 30° to full elbow flexion
- Week 5: 20° to full elbow flexion
- Week 6: 10° to full elbow flexion
- Week 8: Full ROM of elbow; discontinue brace if adequate motor control

Range of Motion Exercises (to above brace specifications)

Weeks 2-3

- Passive ROM for elbow flexion and supination (with elbow at 90°)
- Assisted ROM for elbow extension and pronation (with elbow at 90°)
 Shoulder ROM as needed based on evaluation,

avoiding excessive extension. Weeks 3-4

- Initiate active-assisted ROM elbow flexion
- Continue assisted extension and progress to passive extension ROM



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Week 4-5

• Active ROM elbow flexion and extension

Week 6-8

- Continue program as above
- May begin combined/composite motions (i.e. extension with pronation).

• If at 8 weeks post-op the patient has significant ROM deficits, therapist may consider more aggressive management, after consultation with referring surgeon, to regain ROM.

Strengthening Program

Week 1

Sub-maximal pain free isometrics for triceps and shoulder musculature.

Week 2

Sub-maximal pain free biceps isometrics with forearm in neutral.

Week 3-4

Single plane active ROM elbow flexion, extension, supination, and pronation.

Week 8

1.Progressive resisted exercise program is initiated for elbow flexion, extension, supination, and pronation.

2. Progress shoulder strengthening program

Weeks 12-14

May initiate light upper extremity weight training.