



DISTAL BICEPS TENDON REPAIR

REGENMD REHABILITATION PROTOCOL

REHABILITATION PROGRESSION

The following is a general guideline. Please consult Dr. Syal/Dr. Soswa if there is any uncertainty concerning advancement of a patient to the next phase of rehabilitation. Rehabilitation should be individualized according to patient status.

PRECAUTIONS

- functional shoulder brace/splint to be worn immediately post-op and continued for first 2 weeks
- DO NOT attempt to pick up heavy objects with the hand of the operative side - may damage repair

PHASE I (WEEK 2-6)

- allow healing of soft tissue & keep wound dry for 2 weeks
- A/PROM of wrist, forearm, and elbow pronation & supination allowed at 90° elbow flexion in splint as tolerated
- activity modification: lifting limited to 5 lb..
- maintain uninvolved joint mobility (shoulder, wrist, & hand)
- wound assessed at 2 weeks post operative
- activity modification: return-to-work restriction to 5 lb.. lifting limit
- soft tissue stretch to tolerance
- aerobic conditioning using lower extremities

PHASE 2 (WEEKS 6-16)

- functional activities progressed to tolerance
- isotonic strengthening: initial bicep curl 5 lb..
- isokinetic strengthening for supination and elbow flexion
- upper extremity aerobic conditioning

PHASE 3 (WEEKS 16-24)

- endurance & neuromuscular retraining: controlled to uncontrolled environment
- work hardening, return-to-work
- isokinetic testing

SOURCES:

- B.M. Leslie & H. Ranger. Chpt. 9 Biceps Tendon & Triceps Tendon Ruptures. Operative Treatment of Elbow Injuries. Springer-Verlag, 2002.