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Distal Biceps Repair Instructions

Dane Todd, MD

1. **Ice** the elbow for 72 hours after surgery.
2. **Pain Control** – You will be sent home with a prescription for pain medication. Take it according to the instructions on the prescription. Pain can cause constipation, so be sure to drink plenty of fluids and use an over the counter stool softener (i.e. Miralax) to help prevent this. You may take Tylenol (acetaminophen) instead of the prescribed medication. However, make sure you do not take more than 3,000 milligrams (3 grams) of Tylenol (acetaminophen) in any 24 hour period. Wean off the pain medications as soon as possible after surgery.
3. **Dressings** – Keep your splint clean and dry until your follow up appointment.
4. **Showering** – You may shower, but need to keep the splint covered, clean, and dry.
5. **Sling** – Wear your sling for comfort
6. **Motion** – Ok to perform finger and hand range of motion, but no motion of the elbow until your post operative appointment.
7. **Lifting** - Do NOT lift any objects with the operative arm

Questions please call: # 402-488-3322

Fax: 402-488-3336

Patient Name: _____

Surgery Date: _____

Surgery Performed (circled) Side (circled): Right Left
Distal Biceps Repair

Weight Bearing Status – NON Weight Bearing

Notes: _____

Distal Biceps Repair

REHABILITATION PROTOCOL

TIME PERIOD	RANGE OF MOTION	SLING & Weightbearing	<u>EXERCISES</u>
0-2 weeks	None	Wear for comfort No Weight Bearing	<u>Wrist and hand ROM.</u> <u>Pendulums for shoulder.</u>
3-6 weeks	Active and passive elbow range of motion, pronation and supination	No Sling No lifting more than 5 pounds	<u>Continue elbow, wrist, hand range of motion.</u> <u>Ok to move shoulder freely</u>
6-12 weeks	Full range of motion.	No Sling No lifting more than 20 pounds	<u>Gentle strengthening at 12 weeks with gradual progression</u>
12+ weeks	No restrictions	No restrictions	<u>No restrictions</u>

***Begin physical therapy at 2-3 weeks post op.

<p>Dane Todd, MD Questions please call: # 402-488-3322 Fax: 402-488-3336</p> <p>Patient Name: _____</p> <p>Surgery Date: _____</p> <p>Diagnosis: status post distal biceps repair Side (Circled): Right Left</p> <p>Physical therapy to evaluate and treat for post op distal biceps repair using the above protocol.</p> <p>Notes: _____</p> <p>MD signature: _____</p>
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