

Physical Therapy Prescription

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

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

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| <p>Dane Todd, MD Questions please call: # 402-488-3322 Fax: 402-488-3336</p> <p>Patient Name: _____ 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. 1-2x per week for 8 weeks</p> <p>Notes: _____</p> <p>MD signature:</p> |
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