ORTHOPAEDIC MEDICAL GROUP OF TAMPA BAY

Christopher T. Donaldson, MD
813.684.BONE (2663)

www.omgtb.com

Post-op *PATIENT* Instructions: DISTAL BICEPS REPAIR

Dressing: A dressing has been applied to your elbow to absorb any fluid/blood. A small amount of blood on the dressing is to be expected. Begin dressing changes 24-48 hours following surgery. Remove the OR dressing, apply sterile gauze to the surgical site and re-tape. A small amount of soap/water or alcohol cleansing adjacent to the incisions is permitted with the first dressing change. Unless directed by your surgeon, **no salves, balms, or ointments to the incisions.** Band-Aids over the small incisions are recommended until they are completely sealed. Soreness and bruising is expected for several days afterward.
Showering is permitted 72 hours following surgery. Soaking the incisions should be avoided.

Ice: Ice is a powerful anti-inflammatory. Icepacks/wraps will help to reduce swelling and pain. Use liberally (20-30 min./session), but protect the skin from direct contact (and frostbite).

Activity: Wear the hinged elbow brace as directed below. Gripping the hand with an exercise ball and keeping the fingers elevated and pointed toward the ceiling decreases extremity swelling. Sleeping in a recliner with pillows behind the elbow may provide additional comfort. No driving until permission is given by your surgeon.

Pain: A nerve block has been performed for immediate post-op pain control by the anesthesiologist. It typically "wears off" at about 8-12 hrs following surgery. A narcotic (taken every 3-4hrs as needed for breakthrough pain) is given to control your pain. **Begin taking these pain medications when you BEGIN experiencing pain!** These meds can take 30-45 minutes to start "working". You do not want to play "catch-up" by letting your pain get out of control. Nausea, drowsiness, and constipation are common side effects of narcotics. Adequate fluid intake and a stool softener obtained over the counter from your local pharmacy is recommended to minimize constipation. Call the office if you are unable to tolerate your medication.

Precautions: Call the office **(813) 684-2663** if you develop: temperatures >101°F, shortness of breath, chest pain, uncontrolled pain, marked redness/hives, persistent drainage, new onset numbness, significant incisional/calf swelling, or any other concerns.

Post-operative Visit/Appointment:

- ***Call (813) 684-2663 today to make a post-operative appointment to see your surgeon 10-14 days following your surgery.***

Special Instructions: (Additionally, follow any indicated instructions below.)

☒ **Schedule physical therapy:** ☒per attached prescription ☒as soon as able

☒ **Elbow brace:** ☒locked x 2 weeks; OK to unlock with PT; (**NO** DRIVING WHILE IN BRACE!)

☒ **Ice (Cryotherapy) Unit:** ☒protect/check skin regularly

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***PT/OT PRESCRIPTION*: DISTAL BICEPS REPAIR**

_____
(PATIENT NAME)

Diagnosis: s/p LEFT / RIGHT Distal Biceps Repair

***MD Orders for the Therapist*:**
- Physical Therapy/Occupational Therapy Prescription: 2-3 times per week x 6 weeks
- Follow this protocol *without substitution*. Contact my office with any questions.

_____
Christopher T. Donaldson, MD

WEEK: 0-2:
- Brace UN-locked in PT only; flexion/extension with AAROM; forearm in neutral
- Patient is allowed to remove hinged brace for hygiene/PT only.
    - Gentle supination/pronation to tolerance.
    - Goal: Full extension by week 2.
- Patient can perform ball squeezes, ADL's for edema control.

WEEK: 2-4:
- Begin active-assisted pronation and supination
- Maintain active scapular stabilizers: retraction, clocks, PNF
- Shoulder isometrics: extension, abduction, ER, IR,
    - submaximal flexion

Goals:
- Early functional motion; pain/edema control.

WEEK: 4-6:
- Active ROM elbow: flexion, supination
- Initiate scar tissue mobilizations as needed
- Putty or finger web for grip strength

Goals:
1. Full, painless elbow ROM
2. No edema or exacerbation with bicep isometrics and ROM
3. OK to D/C brace if full, painless ROM; otherwise maintain until week 6.

WEEK: 6-12:
- AROM elbow flexion, supination- start gravity assisted, progress to antigravity
- If lacking extension range, begin to push stretching into extension
- Biceps PRE's initiated submaximally
- Shoulder flexion PRE's initiated
- Progress scapular stability

- UE weight shifts on table

Goals:
1. 5/5 shoulder flexion, abduction, ER, IR strength
2. Full ROM of elbow in supination and extension
3. No reactive effusion/exacerbation with biceps PRE's

WEEK: 12-20:

- Continue to strengthen biceps and surrounding musculature
- Progress both WB and NWB strengthening activities
    - Integrate functional strengthening
- Initiate light plyometrics-chest pass to rebounder, impulse

Goals:
1. Demonstrate 5/5 with biceps strength testing
2. No reactive effusion with unrestricted ADLs

WEEK: 20-24:

- If ROM is full and pain free, and patient tolerates PRE's, may begin free throwing and ballistic activities as well as unrestricted lifting

Criteria to begin throwing

1.) Good functional ROM and strength
2.) 65% ER/IR isokinetic strength ratio
3.) No less than 15% difference in functional testing compared bilaterally
    a. Single arm hop- Patient in single arm push-up position. Hops with that one UE to small step and then returns to starting position. This is performed 5 times as quickly as possible.
    b. Line test- Patient in push-up position with each hand on piece of tape. Upon start of test, patient removes one hand from tape, touches the opposite line, and then returns to starting piece of tape. This is performed with alternating hand touches. One test is maximal touches in 15 seconds.

Biodex/ Isokinetic testing for supination-pronation or elbow flexion-extension
Within 15% of uninvolved upper extremity