

**Physical Therapy Protocol for Patients  
Following Distal Biceps Reinsertion at the Elbow**



**General Guidelines:**

- The program is designed to allow early ROM but restrict resistive forces across the elbow until the soft tissue has adequately healed to the bone
- The slow and graduated recovery of strength allows controlled tension on the repair leading to stronger tissue/bone interface
- Once therapy begins, the patient is encouraged to get rid of the sling
- Patients are counseled to avoid quick sudden movements, repetitive movements, reaching for any weight over a pound or two and avoiding any activity that requires force or power. Patients are discouraged from using arms (especially operated side) to get up from chair, bed, etc.
- Driving is not recommended until such time as the patient can safely get both hands on the steering wheel and operate the vehicle safely.
- Daily showers and hygiene is encouraged with the precautions already stated.

**Phase I**

**0-2 weeks**

- Most important concern is pain control, protection and personal hygiene
- Patients are instructed in proper showering, dressing and ADL
- Patients shoulder sleep with splint and sling and not take any chances
- Wrist and digits are mobilized and arm is kept elevated to avoid stiffness and minimize edema
- Gentle grip strengthening by using a “squeezy ball” keeps muscle pump going to reduce dependent edema
- Patients are seen at approximately 2 weeks for suture removal and wound check

**2-4 weeks**

- No significant changes are made except that the splint is removed and ROM is begun
- Prescription is given for PT to start at 4 weeks after surgery

**Phase II**

- Begins when patient meets and begins working with therapist (usually at 4 weeks post op) and lasts until normal activities are resumed
- May begin driving as soon as safe and confident (usually determined by patient)
- Therapy is 3 sessions a week for 4 weeks at a time
- Patients are encouraged and instructed in daily home stretches to assist therapist in achieving functional ROM

### **Motion**

- Consists of AAROM with gentle passive assist by therapist to improve ROM and function (therapist manually guides patient through range of motion with slow steady stretching)
- Goal is to achieve full elbow extension, flexion, supination and pronation.

### **Strengthening**

- Very simple therapy plan using light hand held weights in a progressive resistive program. This is to help strengthen the tissue bone interface with light loading but not compromising the repair by excessive loading.
- May also do some forearm grip strengthening as before using a spring loaded device or “squeazy ball”
- All exercises are in sets of ten, with a 10 second interval up to 3 completed sets. Weight can be adjusted as tolerated up to the limit recommended (see below). Exercises are for elbow flexors, elbow extensors, forearm supinators, forearm pronators, wrist extensors, wrist flexors and grip.
  - Weight limits are as follows; nothing more than a pound or two from the time they start therapy (4 weeks post op) until 6<sup>th</sup> post op week.
  - From 6<sup>th</sup> week on they can progress by 5 lbs each week until they are back to normal weight and needs.

### **Functional Progression for sports/activities and return to work**

- The following table is a guideline. Some patients may not need to lift this much but these weights are also a guide for return to sport and work. Restrictions if available will fall within these parameters. These weights describe maximums for elbow flexion. Forearm rotators and grip strength will be far less.

Week 4-6	<5 lbs
6 <sup>th</sup> week	5 lbs
7 <sup>th</sup> week	10 lbs
8 <sup>th</sup> week	15 lbs
9 <sup>th</sup> week	20 lbs
10 <sup>th</sup> week	25 lbs
11 <sup>th</sup> week	30 lbs
12 <sup>th</sup> week	35 lbs
13 <sup>th</sup> week	40 lbs
14 <sup>th</sup> week	45 lbs
15 <sup>th</sup> week	50 lbs
16 <sup>th</sup> week	55 lbs

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