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## **Post-op PATIENT Instructions: ACCELERATED 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 long-acting narcotic (every 12 hrs) used in combination with a shorter-acting 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:** If you develop temperatures above 101.5°F (38.5°C), uncontrolled pain, marked redness, persistent/discharged drainage, or significant swelling. Call the office **(813)-684-2663**

**Follow-up:** If you do not already have an appointment scheduled, call the office as soon as possible to schedule your first post-op visit.

**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

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

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## **ACCELERATED REHAB PROTOCOL**

(Revised 4.29.15)

### **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.

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### **WEEK: 0-2:**

- Brace UN-locked; flexion/extension with AAROM; forearm in neutral
- Patient is allowed to remove hinged brace for hygiene/PT.
  - 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