

DELAYED DISTAL BICEPS REPAIR via ENDOBUTTON (tensioned repair, delayed/retracted, allograft)

FREQUENCY: 1-3 times per week

DURATION: 12 weeks to 6 month

TREATMENT GUIDELINE:

Visit one 1 week post op:

- Brief initial evaluation: pain, function, circumferential measures (edema) wound/incision assessment.
- Orthotic: Fabricate phoenix elbow hinge orthotic blocked at -30 degrees of extension (pending MD recommendation). Forearm neutral or supinated confirmed by MD. A removable block on anterior portion to prevent active flexion when no performing home exercise program.
**** pending MD orders (tensioned repair or allograft)
- Home exercise program: passive flexion and gravity extension elbow (splint donned) passive forearm pronation and supination with elbow in full passive flexed position (removing forearm from splint to perform) , active wrist flexion/extension and digit motion with elbow maintained in position listed above
- Patient education/precautions (no lifting, pushing or pulling).
- ADL's/IADL's: No use of surgical arm for functional tasks or ADL's.

2 weeks post op:

- Orthotic: continue with above position, adjustments and hygiene to orthotic as needed.
- Initiate scar mobilization (scar massage, desensitization, kinesiotape, and graston).
- Clinic and home exercise program: Continue with hand, wrist, forearm and elbow active range of motion, continue with passive elbow flexion and forearm (in full passive elbow flexed position) stretching.
- Hygiene to arm and splint.
- Patient education/precautions (no lifting, pushing or pulling).
- ADL's/IADL's: No use of surgical arm for functional tasks or ADL's.

3 weeks post op:

- Orthotic: Initiate splint extension increases 10-15 degrees per week and continue to progressively extend until achieve full extension at goal of 4-6 week post surgery.
- Clinic and Home Exercise Program: continue with exercise and scar mobilization techniques.
- Continue with hygiene to splint and arm.
- Patient education/precautions (no lifting, pushing or pulling).
- ADL's/IADL's: No functional use of arm.

4 to 6 weeks post op:

- Orthotic: Discharge orthotic vs unlocking pending the ability to achieve full extension, MD approval and patient compliance level ability to adhere to precautions.
- Clinic Home Exercise Program****If performing PROM program pending MD approval initiate active range of motion of elbow and forearm.
- Continue with scar mobilization (adding modalities as appropriate) and range of motion exercises
- Patient education/Precautions: no lifting greater than 1 #, no push or pulling.
- ADL's/IADL's: Light ADL's are permitted and functional activities to encourage range of motion and functional UE use.

6-8 weeks post op:

- Continue with range of motion exercises, scar mobilization techniques and functional tasks in clinic.
- Clinic and Home exercise program: Initiate light weighted stretches and gentle mobilization (pending MD approval), initiate biceps eccentric loading; triceps and shoulder Isometrics; initiate light grip and wrist strengthening.
- Patient education/precautions: Continue with lifting restriction of no greater than 1#.
- ADL's/IADL's: no restrictions with ADL's and self care.

8-12 weeks post op:

- Clinic and Home exercise program: continue with above clinic program.
- (if full range of motion) Initiate light elbow strengthening (theraband/light dumbbells) pending MD approval.
- BTE for light functional strengthening if appropriate (based on patient's return to work, sport or general return to activities goals/needs).
- Fit for work, functional lifting progression and core strengthening.
- Patient education/precautions: Avoid elbow extended lifting and forceful forearm rotation tasks.
- ADL's/IADL's : No restrictions with self care, no sporting activities, heavy yard work, return to work is MD directed based on demand level.

4-6 months post op:

- -Physician directed return to full activity. Lifting restrictions per MD.

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