

## Distal Biceps Tendon Tear Repair/Conservative Care

**Dr. Staiger**

\* Schedule OT same day as doctor/PA follow-up.

Time Frame	Treatment	Goals
Prehab	<ul style="list-style-type: none"> <li>Fit with a prefabricated hinged elbow brace (L3760) blocking at 90° unless otherwise indicated by doctor's orders.</li> <li>Instruct in precautions including no use of the involved upper extremity. (May use the involved upper extremity to write.)</li> </ul>	<ul style="list-style-type: none"> <li>Proper orthosis fitting</li> </ul>
Phase I Post-Op Day 10-14	<ul style="list-style-type: none"> <li>Evaluate and Treat.</li> <li>Orthosis allowed extension is left at setting from after surgery then is adjusted to 20° at 3 weeks post-op, then 10° the next week, and 20° the following week. Progression may be slower and/or the initial degree allowed for extension may be greater, depending on the tightness of the repair and/or client's pain. <b>Clarify with the physician, if there are questions about what degree the hinged elbow brace should be blocked.</b></li> <li>Instruct in edema management techniques.</li> <li>Educate in orthosis wearing schedule and home exercise program.</li> <li>Home and therapy exercises consist of passive elbow flexion followed by active elbow extension and passive supination followed by active pronation to be completed within the constraints of the hinged elbow brace by loosening wrist strap. The client can come out of the orthosis during therapy to complete exercises within the protective limits.</li> <li>Review precautions including no use of the involved upper extremity. (May use the involved upper extremity to write.)</li> </ul>	<ul style="list-style-type: none"> <li>Edema control</li> <li>PROM elbow flex and sup</li> <li>Gravity assisted ROM elbow ext and pron</li> <li>Functional ROM fingers and wrist</li> </ul>
Phase II 3 Weeks	<ul style="list-style-type: none"> <li>May use modalities as indicated (ultrasound typically not done until 5 weeks post-op). May include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated at 5 weeks.</li> </ul>	<ul style="list-style-type: none"> <li>Pain management</li> <li>Continued ROM as above</li> </ul>
Phase III 5 Weeks	<ul style="list-style-type: none"> <li>Instruct in scar management techniques (to begin once incision is healed).</li> <li>Issue scar pad (to be worn once incision is healed).</li> </ul>	<ul style="list-style-type: none"> <li>Scar management</li> </ul>

Phase IV 6 Weeks	<ul style="list-style-type: none"> <li>• Discontinue hinged elbow brace during the day except during activities. Continue wearing hinged elbow brace at night until 12 weeks post-op.</li> <li>• Evaluate active elbow flexion/extension and forearm pronation/supination.</li> <li>• Instruct in gentle active elbow flexion/extension exercises and forearm supination/pronation exercises.</li> <li>• Continue with the same precautions above. No lifting or resistive activities.</li> <li>• Client returns for follow up appointment with doctor.</li> </ul>	<ul style="list-style-type: none"> <li>• AROM for all elbow and forearm motion</li> </ul>
Phase V 7 Weeks	<ul style="list-style-type: none"> <li>• May begin gentle passive elbow extension exercises.</li> </ul>	<ul style="list-style-type: none"> <li>• Functional ROM</li> </ul>
Phase VI 12 Weeks	<ul style="list-style-type: none"> <li>• Discontinue hinged elbow brace at night.</li> <li>• Begin strengthening program upon further recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>• Progress to PREs</li> </ul>

- **No max lifting until 6 months post-op.**