



ORTHOPEDICS & SPORTS MEDICINE

BAYCARE CLINIC®

Dr. Schock Distal Biceps Repair

Phase 1- Maximum Protection (0 – 6 weeks)

Goals for phase 1

- Protect healing tendon repair
- Control pain, edema
- Prevent scar adhesions

Orthosis

- 0-2 weeks: Complete immobilization in long arm post-surgical mold
- 2 weeks: After post-surgical follow-up appointment fabricate a long arm orthosis positioning the elbow in 100 degrees of extension (to prevent maceration at incision site), forearm in slight supination and wrist in slight extension for function

Other Considerations:

Follow-up with patient post-op 4 weeks to check splint and begin scar mobilization

No motion until after 2nd MD post-op

ROM

- **Dependent on physician determination; will designate when to begin ROM of elbow and forearm pronation/supination**
- Full pain-free wrist range of motion
- Full pain-free shoulder range of motion with splint on
- Begin active scapular retraction/protraction

Scar Management

- Begin scar massage no sooner than 2 days after suture removal and after scar is fully closed with no scabbing present. Begin with light massage using lotion. Apply scar remodeling products as needed.

Edema Management

- Manual Edema Mobilization (MEM) to promote edema reduction
- Issue Compressive stocking and edema glove as needed for edema management

Modalities

- Icing to reduce pain and swelling
- Heat modalities to promote flexibility of tissues
- Ultrasound as needed for scar (beginning 3 weeks post op)



Phase 2 – Restore Range of Motion (6 - 8 weeks)

Goals for phase 2

- Restore range of motion

Orthosis

- Orthosis to be discontinued or continued based on MD judgement at 6-week follow-up appointment

ROM

- After orthosis discontinued by MD: Begin full A/PROM of the elbow, forearm and wrist in all planes beginning with isolated single joint motion and progressing to composite multiple joint motion
- At 7 weeks, begin passive elbow extension
- Continue shoulder and scapular range of motion to prevent stiffness

Other considerations

- Do not begin strengthening until 2 weeks after orthosis discontinued

Continue Phase 1 scar and edema management and modalities as needed

Strengthening

- 6 weeks: Begin scapular stabilization exercises
- 8 weeks or 2 weeks after orthosis discontinued: Begin rotator cuff strengthening, resisted elbow, forearm, wrist and hand strengthening beginning with isometrics and progressing to isotonic and eccentric strengthening
- 12 weeks: Begin global upper extremity gym program and plyometric drills

Work Conditioning

- 12 weeks or with MD approval: Initiate a comprehensive work conditioning program for patients with high-demand, heavy manual labor occupations



Phase 2 – Strength and Return to Activity (8 - 12 weeks)

Goals for phase 2

- Restore range of motion
- Restore strength
- Return to function
- Return to work and sports

ROM

- Progress A/PROM to full motion at all affected joints

Strengthening

- Begin rotator cuff strengthening, resisted elbow, forearm, wrist and hand strengthening beginning with isometrics and progressing to isotonic and eccentric strengthening
- 12 weeks: Begin global upper extremity gym program and plyometric drills

Work Conditioning

- 12 weeks or with MD approval: Initiate a comprehensive work conditioning program for patients with high-demand, heavy manual labor occupations

Other considerations

- Return to work and sports with MD approval



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References

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Skirven ,T. M.,Ostermans, A. L., Fedorczyk, J . M., & Amadio, P. C. (2011). *Rehabilitation of the H and and Upper Extremity* (Vol. 1). Philadelphia, PA: Elsevier.

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