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Physical Therapy Prescription – Distal Biceps Repair

Name: _____

Date: _____

Diagnosis: R / L elbow distal biceps repair

Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks

PHASE I (Weeks 0 – 2):

- **Splint:** postoperative splint remains in place for first 10-14 days following surgery
- **Slings:** use for first 10-14 days while in splint

PHASE II (Weeks 2 – 6):

- **Brace:** hinged elbow brace provided at 10-14 days following surgery (at 1st postoperative visit)
 - Week 2: brace locked from 60 degrees to full flexion
 - Week 3: brace locked from 40 degrees to full flexion
 - Week 4: brace locked from 30 degrees to full flexion
 - Week 5: brace locked from 20 degrees to full flexion
 - Week 6: brace unlocked, full motion allowed
- **Range of Motion:**
 - Weeks 2-3:
 - i. PROM into flexion and supination IN BRACE
 - ii. AAROM into extension and pronation IN BRACE
 - iii. IMPORTANT → pronation/supination always performed at 90 degrees of flexion
 - Weeks 4-6:
 - i. Add AAROM into flexion (not supination) IN BRACE
 - ii. Add grip exercises
 - iii. IMPORTANT → pronation/supination always performed at 90 degrees of flexion

PHASE III (Weeks 6 – 12):

- **Brace:** none
- **Range of Motion:** progress as tolerated
- **Exercises:** initiate gentle elbow and forearm strengthening; no lifting/carrying > 5lbs, no repetitive use

Signature: _____

Date: _____