CLINICAL PROTOCOL FOR POST-OP
DISTAL BICEPS TENDON RUPTURE, ENDOBUTTON REPAIR

TREATMENT GUIDELINES:

Initial Visit, One Week Post-Op
- Abbreviated Evaluation.
- Assess for edema.
- Assess incision site.
- Fabricate Phoenix elbow hinge splint blocking at 30° extension with blocks placed to prevent active flexion when not performing home exercise program.
- Instruct patient in use of sling with splint if discomfort in bicep region due to extended elbow.
- Instruct patient in home exercise program of active, active assisted, and passive range of motion including flexion, extension, and forearm rotation.
- Educate patient regarding precautions.

Two Weeks
- Begin scar massage if appropriate.

Three Weeks
- Elbow extended by 10-15° and continues to be extended progressively until full extension is achieved by 4 to 6 weeks post-operatively.
- Continue with exercises and massage.
- May introduce silicone gel sheet for scar.

Six to Seven Weeks
- Discharge splint.
- Continue to review precautions, perform scar massage, and perform exercises.
- Begin light ADL’s.
- Precautions: Continued avoidance of lifting, pushing, pulling.

Eight to Ten Weeks
- Light strengthening.

Three Months
- Full ADL use is allowed.
- Precautions: Must still avoid highly resistive activities such as power lifting until 5-6 months post-op.

Rehab 3: One High Standard, Three Local Partners
For more information go to www.rehab-3.com

7 Marsh Brook Drive, Suite 101, Somersworth, NH 03878
Tel: 603-749-6686
Fax: 603-749-9270
**FREQUENCY:** One to two times per week.

**DURATION:** Average estimate of formal treatment up to 12 weeks based on Occupational Therapy evaluation findings.

**DOCUMENTATION:** Progress Note to physician at each follow-up appointment. Follow treatment calendar for daily requirements. Discharge Summary within two weeks of discharge.

**REFERENCES:**

