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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
- **Sling:** use for first 10-14 days while in splint

PHASE II (Weeks 2 – 6):

- **Sling:** On all time except for hygiene and sleep
- **Range of Motion:**
 - ROM
 - i. Active and passive flexion/extension with hand in full supination
 - ii. Active and passive pronation and supination at 90 degrees of flexion.
- 1-2 lbs weight bearing

PHASE III (Weeks 6 – 12):

- **Sling:** none
- **Range of Motion:** progress as tolerated
- **Exercises:** initiate gentle elbow and forearm strengthening; no lifting/carrying > 10lbs, no repetitive use

Signature: _____

Date: _____