

PHYSICAL THERAPY PRESCRIPTION

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DATE: _____

PATIENT NAME: _____

D.O.B: _____ MRN: _____

DIAGNOSIS: CHRONIC DISTAL BICEPS RUPTURE

Right Left Bilateral

SURGERY: DISTAL BICEPS RECONSTRUCTION

DATE OF SURGERY: _____

PHASE 1 - IMMOBILIZATION (WEEKS 0-1) → no therapy needed

No elbow motion. Elbow in postop splint
Free movement of fingers and hand

PHASE 2 – GENTLE STRETCHING (WEEKS 2-8)

Activity

- Nonweightbearing to operative extremity
- Brace worn at all times

ROM

- Elbow will be in hinged brace with extension block based on intraoperative stability. Decrease extension block by 5° per week, with goal of full extension by 8 weeks
- Passive elbow flexion / active elbow extension and passive pronation/supination allowed
- No active elbow flexion or supination / passive elbow extension until 8 weeks
- Free shoulder ROM with elbow supported

Strengthening exercises

- Triceps, scapular isometrics permitted

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PHASE 3 – STRENGTHENING (WEEKS 8 AND BEYOND)

Activity

- Wean from brace
- 5 lb weightbearing permitted, gradually increase as tolerated

ROM

- Initiate active flexion, active pronation/supination
- If patient has significant ROM deficit in extension, consult with surgeon

Strengthening

- Progressive biceps / triceps strengthening exercise, including pronation and supination
- Begin with bands, then light weights, then heavier weights
- Sport-specific rehab
- Progressive throwing program at 4 months
- Return to play 4-6 months

Treatment: Eval and Treat or 1 2 3 times per week

Duration: 4 6 weeks

Home Program

**Please send progress notes.

Physician's Signature: _____

NPI #: 1164790507