

PHYSICAL THERAPY PRESCRIPTION

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DATE: _____

PATIENT NAME: _____

D.O.B: _____ **MRN:** _____

DIAGNOSIS: DISTAL BICEPS RUPTURE

Right Left Bilateral

SURGERY: DISTAL BICEPS REPAIR

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 2-6)

Activity

- Nonweightbearing to operative extremity x 6 weeks
- Brace worn at all times x 4 weeks

Range of motion

- Full active and passive ROM (flexion, extension, pronation, supination) allowed in brace
- Free shoulder ROM

Strengthening exercises

- Biceps, triceps, scapular isometrics permitted

PHASE 3 – STRENGTHENING (WEEKS 6 AND BEYOND)

Activity

- 5 lb weightbearing permitted, gradually increase as tolerated

ROM

- Continue ROM exercises as above

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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