

# Inland Orthopaedic Surgery & Sports Medicine Clinic

Kyle J. Hazelwood, M.D.

## DISTAL BICEPS REPAIR REHAB PROTOCOL AND POST-OP INSTRUCTIONS

This protocol may vary in length and aggressiveness depending on factors such as: acute versus chronic condition, use of allograft for chronic ruptures, strength/pain/swelling/range of motion status, pre-operative function, rehabilitation goals and expectations

### I. POST-OP INSTRUCTIONS:

- a. You will be placed into a splint and sling following surgery. The splint will stay on for 2 weeks and will be removed at your first post-operative appointment.
  - i. The sling may be removed for comfort. It is usually more comfortable to wear the sling while walking.
  - ii. Begin to work on range of motion of the fingers and wrist the day after surgery.
- b. **Ok to shower or bathe, keeping splint covered with saran wrap and tape.**
- c. Take the prescribed pain medications as directed. You can supplement your pain control over-the-counter ibuprofen if needed, making sure to follow the dosage as recommended on the bottle.
- d. Decrease the frequency of your pain medicine as your symptoms allow. Although everyone is different, generally patients are able to be off of pain medicine around 5-7 days post-op.
- e. There is no conclusive data about when it is safe to return to driving after elbow surgery. You cannot drive while taking pain medications. Generally it is a good idea to arrange for someone else to drive for you for the first few weeks. Return to driving is highly individualized and is generally guided by your ability to drive safely and your ability to make evasive maneuvers if that was required.
- f. The risk of blood clots is extremely low after surgery of the upper extremity. However, certain conditions may increase your risk including smoking, family or personal history of blood clots or birth control pills. If any of these situations apply, please let Dr. Hazelwood know and take 1 tablet of aspirin (325 mg) per day for 3 weeks after surgery.
- g. **Physical Therapy/Lifting:**
  - i. Physical therapy can begin approximately 3-4 weeks after surgery. For weeks 2-6 post-op, therapy focuses on range of motion. After week 6, strengthening is begun. Your therapist will help guide your rehab and transition you to a home program when appropriate.
  - ii. No lifting after surgery > 5 lbs. for the first 6 weeks.

### II. REHABILITATION PROTOCOL. WEEKS 0-2

- a. Splint stays on at all times
- b. Sling for comfort
- c. Begin wrist range of motion, grip strengthening finger range of motion
- d. Shoulder pendulums

### III. REHABILITATION PROTOCOL. WEEKS 2-4

- a. Splint will be removed at your first post-operative appointment

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- b. Wear sling while in public/sleeping
  - i. Remove sling when awake and resting at home
- c. Active elbow extension, active pronation
  - i. **No passive elbow extension**
- d. Passive elbow flexion, passive supination
  - i. **No active flexion/supination**
- e. Continue active wrist ROM/grip strengthening
- f. Shoulder pendulums/active shoulder ROM
- g. **No lifting > 5 lbs**

## III. REHABILITATION PROTOCOL. WEEKS 4-6

- a. Wear sling while in public
  - i. Ok to remove sling for sleeping
- b. Active elbow extension, active pronation
  - i. **No passive elbow extension**
- c. Active assisted/Passive elbow flexion, Active assisted/Passive supination
- d. **No lifting > 5 lbs**

## IV. REHABILITATION PROTOCOL. WEEKS 6-8

- a. Can discontinue sling
- b. Resume normal activities of daily living
- c. Full active/passive range of motion of the elbow allowed
- d. Begin isometric strengthening
- e. **No lifting > 10 lbs**

## IV. REHABILITATION PROTOCOL. WEEKS 8-12

- a. Achieve full range of motion
- b. Begin gentle isotonic strengthening exercises
- c. **No lifting > 20 lbs**

## V. REHABILITATION PROTOCOL. WEEKS 12-16

- a. Advance strength training
- b. **No lifting > 30 lbs**

## VI. REHABILITATION PROTOCOL. WEEKS 16+

- a. Advance strength training
- b. **No lifting restrictions**
- c. Return to sports 4-6 months when full range of motion achieved and 80% strength compared to contralateral side.