

CLINICAL PROTOCOL FOR POST-OP DISTAL BICEPS TENDON RUPTURE

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.

INITIAL EVALUATION (TWO WEEKS POST-OP)

GOALS:

1. Abbreviated Evaluation
 - Assess for edema.
 - Assess incision site.
2. Fabricate Phoenix elbow hinge splint blocking at 80-75° extension with blocks placed to prevent active flexion.
3. Instruct patient in home exercise program of passive elbow flexion/extension within splint as well as passive supination/pronation with elbow flexed to at least 90°.
4. Educate patient regarding precautions.

If patient presents with the following **Self-Management Criteria:**

- No limitation of range of motion of elbow and forearm within splint boundaries;
- Minimal to no pain at rest;
- Apparent adherence to precautions;

then patient can be placed on a home exercise program. Follow-up appointment to be made every week to increase extension of splint until Discharge Criteria has been met. If patient does not meet above criteria, then a course of formal rehabilitation will be initiated 2-3 times per week until above criteria has been met.

DISCHARGE CRITERIA:

- Elbow/Forearm/Wrist active range of motion within normal limits. (Full active elbow flexion is not allowed until eight weeks; full elbow extension is not allowed until ten weeks post-op.)
- Able to perform light functional activities with involved upper extremity.
- Independent with home exercise program.
- Patient compliant with precautions for that time period.
- Failure to comply.

--TREATMENT GUIDELINES--

TWO WEEKS

- Blocked at 80-75°.
- Continue with exercises from first visit.

FOUR WEEKS

- Elbow extended by 10-15° and continues to be extended progressively until full extension is achieved by 10 weeks or so post-operatively.
- Continue with exercises.

EIGHT WEEKS

- Active flexion is begun within splint.
- Continue with previous exercises.

TEN WEEKS

- Splint is discontinued.
- Full active range of motion exercises.

TWELVE WEEKS

- Upper extremity strengthening is begun as appropriate.

SIXTEEN WEEKS

- Full use is allowed.

REFERENCES:

Strauch, M.D., Robert J. and Rosenwasser, M.D., Melvin P.: Single Incision Repair of Distal Biceps Tendon Rupture. Techniques in Hand and Upper Extremity Surgery II (4); 253-261, 1998.