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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 6 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:** To be used for comfort and in public until 6 weeks

• **Range of Motion:**

- PROM to AAROM to AROM as tolerated
- No strengthening exercises until week 6

PHASE III (Weeks 6 – 12):

- **Immobilization:** None
- **Range of Motion:** Progress as tolerated
- **Exercises:** Initiate gentle elbow and forearm strengthening; To start, no lifting/carrying > 5lbs, no repetitive use

Signature _____

Date _____