

GEOFFREY S. VAN THIEL, MD/MBA

Assistant Professor - Rush University Medical Center

Team Physician - US National Soccer Teams

Team Physician - Chicago Blackhawks Medical Network - Ice Hogs

www.VanThielMD.com - VanThielMD@orthoillinois.com

Fax: (815) 381-7489 – Phone: (815) 381-7365



SPORTS MEDICINE SURGERY – HIP ARTHROSCOPY

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– Cutting edge information on the arthroscopic treatment of the hip, knee and shoulder –

REHABILITATION PROTOCOL

Distal Biceps Repair

Phase I (1 – 5 days post-op.)

- Wound Care: Leave dressings in place. Cover the arm with a plastic bag for showering.
- Sling: Ultrasling worn continuously except in therapy or during exercise.
- ROM
 - Initiate AROM to the hand
- Strengthening
 - Isometric grip strengthening
- Modalities: PRN for pain and inflammation

Phase II (5 days – 6 weeks post-op.)

- Wound Care: Showering is allowed, but keep arm in flexion. Can put plastic bag over the brace.
- Edema: Edema control interventions
- Sling: Ultrasling can be discontinued as tolerated at week 2.
- Brace: Fit for hinged elbow brace. Start with brace locked at 75 degrees of flexion and increase extension 10 degrees per week to 30 degrees of flexion. Keep the brace locked in between therapy sessions., but teach/allow patient to unlock flexion and participate in passive flexion and active extension (to the limit of the brace) 3-5 times daily.
- ROM
 - Passive elbow flexion and active extension within the extension limits of the brace 3-5 times daily. Passive supination and pronation with the elbow at 90 degrees.
- Strengthening
 - AROM in extension
 - PROM in flexion
- Modalities: PRN for pain and inflammation

Phase III (6 weeks – 10 wks post-op.)

- Brace: Discontinue brace
- ROM
 - Full ROM of the elbow
- Strengthening
 - AROM of the elbow in flexion and extension
 - Once full AROM has been achieved, initiate gentle strengthening

Phase IV (s/p 10 wks + post op.)

- No restrictions
- Continue to advance strengthening