NOVANT HEALTH

Charlotte Shoulder Institute

Patient Centered. Research Driven. Outcome Maximized.

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DISCHARGE INSTRUCTIONS & PHYSICAL THERAPY INSTRUCTIONS FOR DISTAL BICEPS TENDON REPAIR

Initial recovery after elbow surgery entails healing, controlling swelling and discomfort and regaining some shoulder motion. The following instructions are intended as a guide to help you achieve these goals until your 1st postoperative visit.

A. Comfort:

Although surgery usually uses only one small incision around the elbow joint, swelling and discomfort can be present. To minimize discomfort, please do the following:

1. **Ice**- Ice controls swelling and discomfort by slowing down the circulation in your shoulder. Place crushed ice in cloth covered plastic bag over your elbow for no more than 20 minutes, 3 times a day.
2. **Pain Medication-** Take medications as prescribed, but only as often as necessary. Avoid alcohol and driving if you are taking pain medication.
3. **Sling-** A sling may have been provided for your comfort and to stabilize your elbow for proper healing. You may wear the sling for comfort, however try to wean it as early as possible.
4. **Driving –** Driving is NOT permitted as long as the sling or brace is necessary.

B. Activities:

1. You are immobilized with defined range of motion (see below).
2. Your sling/brace may be removed for gentle range-of-motion (PROM) exercises and hygiene.

3. Physical therapy will begin approximately 1 week after surgery. Make an appointment with a therapist of your choice for this period of time. You will be given a prescription and instructions for therapy at your 1st Post Op appointment. Please take these with you to your first therapy visit.
4. Athletic activities such as throwing, lifting, swimming, bicycling, jogging, running, and stop-and-go sports should be avoided until cleared by Dr. Romanowski.

C. Wound Care:

1. Keep the dressing on, clean and dry until your follow up visit.
   You may shower or sponge bath the day after surgery, but keep the dressing dry.
2. Bathing, swimming, and soaking should be avoided for two weeks or longer (must keep brace dry) after your surgery.

D. Eating:

Your first few meals after surgery should include light, easily digestible foods and plenty of liquids, as some people experience slight nausea as a temporary reaction to anesthesia.

C. Call your physician if:

1. Pain persists or worsens in the first few days after surgery.
2. Excessive redness or drainage of cloudy or bloody material from the wounds. (Clear red tinted fluid and some mild drainage should be expected). Drainage of any kind 5 days after surgery should be reported to the doctor.
3. Temperature elevation greater than 101°.
4. Pain, swelling, or redness in your arm or hand.
5. Numbness or weakness in your arm or hand.
6. Chest pain or shortness of breath.

D. Return to the office

Your first return to the office should be within the first 1-2 weeks after your surgery. Call Dr. Romanowski's office to make your first postoperative appointment.

REHABILITATION PROTOCOL FOR DISTAL BICEPS TENDON REPAIR

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course for a patient that has undergone a distal biceps tendon repair. It is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring Surgeon.

Initial Post operative Immobilization

- Posterior splint, elbow immobilization at 90° for 5-7 days with forearm in neutral (Unless otherwise indicated by surgeon)

Hinged Elbow Brace

- Elbow placed in a hinged ROM brace at 5-7 days postoperative. Brace set unlocked at 45° to full flexion.
- Gradually increase elbow ROM in brace (see below)

Hinged Brace Range of Motion Progression

(ROM progression may be adjusted base on Surgeon's assessment of the surgical repair.)

- Week 2 45° to full elbow flexion
- Week 3 20° to full elbow flexion
- Week 4 0° to full elbow flexion. Full ROM of elbow; discontinue brace if adequate motor control

<u>Weeks 2-3</u>

- Passive ROM for elbow flexion and supination (with elbow at 90°)
- Assisted ROM for elbow extension and pronation (with elbow at 90°)
- Shoulder ROM as needed based on evaluation, avoiding excessive extension.

<u>Weeks 3-4</u>

- Initiate active-assisted ROM elbow flexion
- Continue assisted extension and progress to passive extension ROM

<u>Weeks 4-8</u>

- Active ROM elbow flexion and extension

Strengthening Program

- Week 1 Sub-maximal pain free isometrics for triceps and shoulder musculature.
- Week 2 Sub-maximal pain free biceps isometrics with forearm in neutral.
- Week 3-4 Single plane active ROM elbow flexion, extension, supination, and pronation.

- Week 8 Progressive resisted exercise program is initiated for elbow flexion, extension, supination, and pronation.
- Progress shoulder strengthening program
- Weeks 12-14: May initiate light upper extremity weight training.
  - o Non-athletes initiate endurance program that simulates desired work activities/requirements.