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Physical Therapy Prescription-Distal Biceps Tendon Repair

Name: _____ **Date:** _____

Diagnosis: R / L distal biceps tendon repair **DOS:** _____

- 0-2 Weeks** Wear splint and sling at all times
- 2-6 Weeks** OT to make resting elbow splint at 90 flexion.
Begin AAROM-full flexion, gravity assisted extension as tolerated.
Progress to full extension by 6 weeks.
Shoulder/forearm/wrist ROM exercises
Must wear splint except when performing exercises or hygiene
- 6-10 Weeks** Discontinue splint
Progress to full passive and AAROM elbow and forearm
Isometrics of deltoid, cuff, and biceps
- 10-12 Weeks** Progress to AROM biceps against gravity
Maintain ROM elbow, wrist, forearm, shoulder
Begins shoulder strengthening-deltoid, cuff, scapula
- 12+ Weeks** Begin elbow flexion strengthening, advance as tolerated