

Bernard R. Bach, M.D.
Charles Bush-Joseph, M.D.
Midwest Orthopaedics at RUSH
Sports Medicine
1725 W Harrison, Suite 1063
Chicago, IL 60612
312-432-2300



Physical Therapy Prescription

Patient Name: _____ Date: _____

Diagnosis: Right/Left Distal Biceps tendon repair

Date of Surgery: _____

- Evaluate and Treat Provide patient with home exercise program

- Weeks 1-3
 - ◆Gentle ROM to shoulder and wrist
 - ◆Patient should be in hinged brace locked at 90 degrees at all times
 - ◆Passive pronation and supination

- Weeks 3-6
 - ◆Unlock brace 10 degrees of extension per week– brace must remain on at all times except for showering
 - ◆Begin active extension in brace
 - ◆NO active flexion

- Weeks 6-10
 - ◆Unlock brace to allow full extension – brace to remain on except for showering
 - ◆Increase active extension in brace
 - ◆May begin RC isometrics

- Weeks 10-12
 - ◆D/C brace
 - ◆Begin resistive rotator cuff strengthening
 - ◆Begin active flexion against gravity only

- Weeks 12-26
 - ◆Increase resistance in flexion
 - ◆Increase strengthening as tolerated in shoulder and elbow, add core strengthening

- Other:
 - Modalities
 - Electric Stimulation Ultrasound Iontophoresis TENS Heat before/after
 - Ice before/after exercise
 - Functional Capacity Exam
 - Work Hardening/Conditioning

Frequency: _____ x/ week x _____ weeks

Signature: _____

Please fax a copy of patient report to 312-942-1517 at least 3 days prior to patient appointment.