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Distal Biceps Repair

The elbow was immobilized in 90° of flexion and full supination. Motion was started on the third postoperative day. This included active elbow extension and passive flexion with the forearm fully supinated as well as active pronation and passive supination with the elbow maintained at 90° flexion. A resting splint at 90° with the forearm maintained in supination was worn between exercises for 6 weeks. Extension was permitted to 60° during week one and increased 10° per week until full extension was permitted at 6 weeks. Active motion was permitted after 6 weeks and strengthening was permitted after 3 months. Full activity was resumed after 6 months. Patients received prophylaxis against heterotopic ossification with indomethacin 25 mg 3 times a day and misoprostol 200 mcg twice a day for 6 weeks.

James C. Holmes, M.D.
General Orthopaedics
Sports Medicine
Surgery of Knee

Timothy J. Birney, M.D.
General Orthopaedics
Spinal Surgery

Ted Parks, M.D.
General Orthopaedics
Sports Medicine
Arthroscopic Surgery

Armodios M. Hatzidakis, M.D.
General Orthopaedics
Shoulder and Elbow

Gareth E. Shemesh, M.D.
Physical Medicine and Rehabilitation
Electrodiagnostic Medicine

Raj Bazaz, M.D.
General Orthopaedics
Sports Medicine
Arthroscopic Surgery

Kevin K. Nagamani, M.D.
General Orthopaedics
Foot and Ankle

Brian J. White, M.D.
General Orthopaedics
Sports Medicine
Arthroscopic Surgery

Steven M. Traina, M.D.
General Orthopaedics
Sports Medicine
Knee and Shoulder Surgery

Thomas G. Mordick II, M.D.
Hand Surgery

Valerie C. Suleski, M.A.
Practice Administrator

Foster Matchett, M.D.
(1902 - 1979)

Charles Brown, M.D.
(1917 - 2005)

Fred F. Teal, M.D.
Retired

Theodore J. Clarke, M.D.
Emeritus
