

UCLA OUTPATIENT REHABILITATION SERVICES	
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DISTAL BICEPS TENDON POST-OPERATIVE PHYSICAL THERAPY PRESCRIPTION

Diagnosis: s/p (LEFT / RIGHT) Distal Biceps Tendon Repair -- Surgery

Date: _____

Phase I (Week 1)

FORMCHECKBOX Posterior splint at 90° of elbow flexion

FORMCHECKBOX Wrist and hand gripping exercises

Phase II (Weeks 2-6)

FORMCHECKBOX Elbow ROM brace

FORMCHECKBOX Week 2 @ 45°-100° FORMCHECKBOX Week 4 @ 30°-115°

FORMCHECKBOX Week 6 @ 15°-130°

FORMCHECKBOX Shoulder exercises (rotator cuff)

FORMCHECKBOX Scapular strengthening

FORMCHECKBOX Wrist extensors and flexors

FORMCHECKBOX No active elbow flexion or supination

FORMCHECKBOX Gripping exercises

FORMCHECKBOX Weeks 5-6, isometric triceps exercises

Phase III (Weeks 6-10)

FORMCHECKBOX Elbow ROM

FORMCHECKBOX Discontinue brace week 8 (0°-145°)

FORMCHECKBOX Week 8 begin:

FORMCHECKBOX Light isotonic triceps

FORMCHECKBOX Isotonic wrist flexors/extensors

FORMCHECKBOX Shoulder isotonic

FORMCHECKBOX Continue rotator cuff and scapular exercises

FORMCHECKBOX Progress weight 1 lb. per week

Phase IV (Weeks 10-16)

FORMCHECKBOX Biceps isometrics @ week 12

FORMCHECKBOX Continue flexibility exercises

FORMCHECKBOX ROM/stretching exercises

FORMCHECKBOX Weeks 10-12, initiate UBE

Phase V (Weeks 16-26)

FORMCHECKBOX Light biceps isotonics (week 16)

FORMCHECKBOX Plyometrics

FORMCHECKBOX Two-handed @ week 16 FORMCHECKBOX Progress to one-handed at weeks 20-22

Phase VI (Weeks 26 and beyond)

FORMCHECKBOX Return to activity (sport specific training)

Treatment: _____ **times per week** **Duration:** _____ **weeks**

_____ **Home Program**

**Please send progress notes.

Physician's Signature: _____ **Date:**

Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon

Place label here

NAME OF PATIENT: _____

MRN: _____

Kristofer J. Jones, M.D.

Sports Medicine, Shoulder Surgery and Cartilage Restoration

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