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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.