

# Physical Therapy Prescription

**Jesse Kaplan, MD / MBA**  
 Hand and Upper Extremity Surgery  
 101 The City Drive South  
 Pavilion III, Building 29A  
 Orange, CA 92868  
 Phone: 714-456-7012  
[www.jessekaplanmd.com](http://www.jessekaplanmd.com)



## Distal Biceps Repair

Surgical Date: \_\_\_\_\_

Side:  Right  Left

Phase	Goals	Precautions	Exercises
<b>Phase 1:</b> <b>Weeks 0 - 2</b>	Pain control/edema Protect surgical repair	Splint at 90 all times No active supination	Wrist/ hand ROM Shoulder PROM
<b>Phase 2:</b> <b>Weeks 2 - 6</b>	Edema and pain control Protect repair ROM 15- 130	Sling OK to remove for shower and exercises <b>No active elbow flexion</b> No active supination No weightbearing	Gradually increase elbow ROM <b>Week 2: 45 - 100</b> <b>Week 4: 30 - 115</b> <b>Week 6: 15 - 130</b> Active extension, passive flexion Hand/wrist/shoulder ROM
<b>Phase 3:</b> <b>Weeks 6 - 12</b>	Full ROM Protect repair	DC sling by 6 wks <b>Weeks 9 - 12:</b> No lifting > 5 lbs	<b>Weeks 6-9:</b> Full elbow ROM Active extension, AA/P flexion Wrist/hand/shoulder ROM  <b>Weeks 9-12:</b> Bicep isometrics Active flexion against gravity Resistive strengthening
<b>Phase 4:</b> <b>Weeks 12 - 24</b>	Improve strength		

Treatment:  1-2  2-3 times per week for \_\_\_ weeks.  Home Program  
 Modalities PRN (Ultrasound/Phonophoresis/E-stim/Ice/Heat)

Physician's Signature: \_\_\_\_\_

**Jesse Kaplan, MD**