

ELBOW PHYSIOTHERAPY REFERRAL

Distal Biceps tendon repair

Dear Physiotherapist,
Thank you for seeing:

Date of Surgery:

Treatment Required: Could you please commence the following:

Commence Active Assisted ROM exercises from Day of Surgery – particularly pronation
Debulk bandaging from day 3 post op
Wean/remove sling from 2 weeks

<u>ELBOW</u>		Days	Weeks
ROM	Flexion / Extension - Active Assisted - Active/Passive	0	2
	Supination / Pronation - Active Assisted - Active/Passive	0	2
	Please maintain shoulder, wrist and finger movements	0	
	Special Limitations:		
Strength	Lifting limit of 0.5kg until:		6
	Lifting limit of 1kg and increase by 0.5kg per week as pain permits		6 to 12
	No specific biceps strengthening exercises until:		12

- I will review in ____ days / weeks / months / as required
- Please contact me on 80780633 or email: info@dralandao.com.au if any concerns or questions.

With thanks

Dr Alan Dao Date: _____