Comparison of Home Therapy vs Formal Outpatient Physical Therapy in Post-Operative Management of Two-Incision Distal Bicep Tendon Repair

Joseph Botros
Thomas Jefferson University, joseph.botros@jefferson.edu

John Horneff III, MD
Thomas Jefferson University, john.horneff@jefferson.edu

Thomas Harper
Thomas Jefferson University, thomas.harper@jefferson.edu

Brent Page

Follow this and additional works at: https://jdc.jefferson.edu/si_ctr_2022_phase1

Part of the Physical Therapy Commons, Surgery Commons, and the Translational Medical Research Commons

Let us know how access to this document benefits you

Recommended Citation
https://jdc.jefferson.edu/si_ctr_2022_phase1/90

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University’s Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Phase 1 by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.
Comparison of Home Therapy vs Formal Outpatient Physical Therapy in Post-Operative Management of Two-Incision Distal Bicep Tendon Repair

Joseph Botros, Dr. John Honeff III, MD*, Thomas Harper, Brent Page

Background: Distal bicep tendon tears are a relatively uncommon injury, affecting 1.2/100,000 persons per year; they can also cause substantial loss in supination and flexion strength. The most common treatment is a double incision distal bicep tendon repair, which involves surgical reinsertion of the bicep tendon onto the radial tuberosity. Following surgery, physicians have traditionally recommended the patient undergo 5-12 weeks of formal outpatient physical therapy. This can be a significant cost and time burden to the patient. Therefore, some physicians have instead opted for home physical therapy, in which the patient is given instructions on exercises to complete at home and is followed up with periodically. There is currently a lack of evidence regarding any added benefit of formal physical therapy following distal bicep tendon repairs. Therefore, the goal of our study is to assess how home therapy compares with formal physical therapy in post-operative management of two-incision distal biceps tendon repair.

Methods: We achieve this through a retrospective chart review of 366 Rothman double incision bicep tendon repair patients who received either formal or home therapy post-operatively. We will compare them on the basis of complication rate, graft status, reoperation status, and range of motion.

Results: Results are pending, but we hypothesize that post-operative management by home therapy is similar to that by formal outpatient physical therapy in outcomes and rate of complications.
Discussion: This finding could result in significant decrease in cost and increase in satisfaction for patients recovering from bicep tendon repair surgery.