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

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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.