
Distal Biceps Tendon Repair Post-Operative Rehabilitation Protocol Illinois Bone & Joint Institute

The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone a distal biceps tendon repair. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Phase 1: **Time Frame:** 0-2 weeks

Goal: Protect repair and control swelling

Immobilization: Cast / brace - 90 degrees of elbow flexion

Restrictions: Avoid elbow ROM exercises, no resistance to elbow – protect repair

Exercises: Gripping exercises, wrist and finger ROM, shoulder ROM (maintain uninvolved joint mobility), control swelling.

Phase 2: **Time Frame:** 2-8 weeks

Goal: Restoration of motion

Immobilization: Hinged elbow brace. Full flexion allowed in brace. Initially the brace should block the terminal 60 degrees of extension; decrease extension block by 10 degrees each week. Brace worn full time except for exercises and bathing.

Restrictions: ROM restrictions should parallel brace extension block (extension to 60° at 2 weeks; allow an additional 10° of extension each week. Lifting restriction: 2 lbs. at 2 weeks, 5 lbs. at 4 weeks, 8 lbs. at 6 weeks, 10 lbs. at 8 weeks.

Exercises: Control swelling and inflammation, modalities as needed. AROM and PROM of uninvolved joints. Stretch in line with restriction, stretch should be slow and to tolerance. No elbow strengthening. Aerobic conditioning using lower extremities.

Phase 3: **Time Frame:** 8-16 weeks

Goal: Restoration of strength and endurance

Immobilization: None

Restrictions: Strengthening exercises should progress gradually and not be forceful.

Exercises: Any residual ROM deficits should be addressed during therapy and a HEP. Start isokinetic and isotonic strengthening (initial biceps curl 5 lbs.) for elbow flexion and supination. Advance functional activities of daily living in line with elbows recovery status. Add upper extremity aerobic strengthening (i.e. rowing). Modalities as needed.

Phase 4: **Time Frame:** 16-26 weeks

Goal: Return of function

Immobilization: None

Restrictions: No specific restrictions. Strength and endurance should be advanced progressively while avoiding pain.

Exercises: ROM should be restored; if not, continue to address with stretching and a HEP. Aggressive upper-body strengthening and begin plyometric training. Endurance and neuromuscular retraining.

Phase 5: **Time Frame:** 26+ weeks

Goal: Restore normal elbow function and progress to return to sport / return to work.

Restrictions: No specific restrictions. Advance progressively while avoiding pain. If the patient develops pain they are to return to earlier stage of rehabilitation.

Exercises: Aggressive upper-body strengthening and with initiation of plyometric training and sports specific training. Sports specific return to play program is initiated. If unable to return to work at full duty consider work conditioning program.