

## **Distal Bicep Tendon Repair- Rehabilitation Protocol**

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course for a patient that has undergone a distal biceps tendon repair. It is by 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.

### **Initial Post operative Immobilization**

- Posterior splint, elbow immobilization at 90° for 5-7 days with forearm in neutral

(Unless otherwise indicated by surgeon)

### **Hinged Elbow Brace**

- Elbow placed in a hinged ROM brace at 5-7 days postoperative. Brace set unlocked at 45° to full flexion.
- Gradually increase elbow ROM in brace (see below)

### **Hinged Brace Range of Motion Progression**

**(ROM progression may be adjusted base on Surgeon's assessment of the surgical repair.)**

**Week 2** 45° to full elbow flexion

**Week 3** 45° to full elbow flexion

**Week 4** 30° to full elbow flexion

**Week 5** 20° to full elbow flexion

**Week 6** 10° to full elbow flexion

**Week 8** Full ROM of elbow; discontinue brace if adequate motor control

### **Range of Motion Exercises (to above brace specifications)**

#### **Weeks 2-3**

- Passive ROM for elbow flexion and supination (with elbow at 90°)
- Assisted ROM for elbow extension and pronation (with elbow at 90°)
- Shoulder ROM as needed based on evaluation, avoiding excessive extension.

#### **Weeks 3-4**

- Initiate active-assisted ROM elbow flexion
- Continue assisted extension and progress to passive extension ROM

#### **Week 4**

- Active ROM elbow flexion and extension

#### **Weeks 6-8**

- Continue program as above
- May begin combined/composite motions (i.e. extension with pronation).

- If at 8 weeks post-op the patient has significant ROM deficits therapist may consider more aggressive management, after consultation with referring surgeon, to regain ROM.

### **Strengthening Program**

**Week 1** Sub-maximal pain free isometrics for triceps and shoulder musculature.

**Week 2** Sub-maximal pain free biceps isometrics with forearm in neutral.

**Week 3-4** Single plane active ROM elbow flexion, extension, supination, and pronation.

**Week 8** Progressive resisted exercise program is initiated for elbow flexion, extension, supination, and pronation.

- Progress shoulder strengthening program
  - Weeks 12-14: May initiate light upper extremity weight training.
  - Non-athletes initiate endurance program that simulates desired work activities/requirements.