

Distal biceps tendon repair – early mobilization

This protocol is intended to provide the clinician with a guideline for the postoperative rehabilitation course of a patient who has undergone **a distal biceps tendon repair**. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, comorbidities, pre-surgical range of motion, strength, health/functional status, rehabilitation compliance, learning barriers and complications. Specific time frames, restrictions and precautions are given to protect healing tissues and surgical reconstruction.

Distal biceps tendon repair- early mobilization

Phase I (7-14 days after surgery)

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| Rehabilitation appointments | <ul style="list-style-type: none"> Occupational 1-2x per week or instructed by therapist |
| Rehabilitation goals and priorities | <ul style="list-style-type: none"> Perform light activities (2lb weight restriction) with hand with elbow supported in sling or forearm supported on pillow or table. Scar management Control edema and pain |
| Suggested therapeutic exercises | <ul style="list-style-type: none"> Tension free range for all exercises below: Active, active-assisted, or passive range of motion for elbow flexion with forearm in neutral Active, active-assisted, or passive range of motion supination with elbow at 90° degrees of flexion Active, active-assisted range of motion for elbow extension Active, active-assisted range of motion for pronation with elbow at 90 degrees of flexion Shoulder ROM as needed, avoiding excessive extension and abduction of the shoulder |
| Precautions | <ul style="list-style-type: none"> Sling always except for removing for hygiene and exercises No lifting, pushing, or pulling with involved hand/upper extremity more than 2 pounds. |

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Phase II (2 weeks after surgery)

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| Rehabilitation appointments | <ul style="list-style-type: none"> Occupational therapy 2-4 times per month or as instructed by therapist |
| Rehabilitation goals and priorities | <ul style="list-style-type: none"> Discontinue sling except for high-risk situations. Perform all activities within 2-pound lifting restriction Edema management Scar management |
| Suggested therapeutic exercises | <ul style="list-style-type: none"> Continue program as above |
| Precautions | <ul style="list-style-type: none"> No lifting, pushing, or pulling with involved hand/upper extremity more than 2 pounds |

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Phase III (6 weeks after surgery)

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| Rehabilitation appointments | <ul style="list-style-type: none"> Occupational therapy 1-2 times per month or per instructed by therapist |
| Rehabilitation goals and priorities | <ul style="list-style-type: none"> Perform all activities within 5-pound restriction Scar management Edema management |
| Suggested therapeutic exercises | <ul style="list-style-type: none"> Progressive resisted exercise program initiated for elbow flexion, extension, supination, and pronation. Focus on low resistance, high repetition for strengthening program. If significant ROM deficits, may consider more aggressive management after consultation with referring surgeon to regain ROM, like static progressive orthosis |
| Precautions | <ul style="list-style-type: none"> No lifting, pushing, or pulling more than 5 pounds with involved upper extremity |

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Phase IV (12-14 weeks post-op)

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| Rehabilitation appointments | <ul style="list-style-type: none">• As needed |
| Rehabilitation goals and priorities | <ul style="list-style-type: none">• Full activity and return to leisure/sports |
| Suggested therapeutic exercises | <ul style="list-style-type: none">• Progressive strengthening as needed per lifestyle |