

.

Distal biceps tendon repair

This protocol is intended to provide the clinician with a guideline for the postoperative rehabilitation course of a patient who has undergone *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.



Phase I (7-10 days after surgery)

Rehabilitation appointments	Once a week for the first 4-6 weeks
Rehabilitation goals and priorities	 Fit with Bledsoe hinge elbow brace Edema management Wound/Scar management Sling for showering
Suggested therapeutic exercises	 Perform all exercises in Bledsoe brace with extension block at 50 degrees. Active elbow extension to 50 degrees Active pronation with elbow supported or locked in brace at 90 degrees Passive elbow flexion Passive supination with elbow supported or locked in brace at 90 degrees. Shoulder ROM as needed, no aggressive shoulder extension
Precautions	 No pushing, pulling, or lifting more than 1-2 pounds with involved upper extremity No weightbearing with involved upper extremity
Orthotic	 Post-operatively: Posterior splint, elbow immobilization at 90° for 5-7 days with forearm in neutral, unless otherwise indicated by surgeon Elbow placed in hinged ROM brace 7-10 days after surgery. Brace set at 50° elbow extension block to full flexion. To keep comfort zone locked brace about 60° inbetween exercise session



Phase II (2-3 weeks after surgery)

Rehabilitation appointments	Once a week for the first 4-6 weeks post-op
Rehabilitation goals and priorities	 Adjust extension block weekly, increasing 10 degrees per week Scar management Edema management Light activities per restrictions with affected upper extremity per tolerance
Suggested therapeutic exercises	 Perform all exercises in Bledsoe brace with extension block Active elbow extension to extension block Active pronation with elbow supported or locked in brace at 90 degrees Passive elbow flexion Passive supination with elbow supported or locked in brace at 90 degrees. Shoulder ROM as needed, no aggressive shoulder extension Sub-maximal pain-free shoulder isometrics
Precautions	 No pushing, pulling, or lifting more than 1-2 pounds with involved upper extremity No weightbearing with involved upper extremity
Orthotic	 Progress extension block: Week 2 - 40° extension block to full elbow flexion Week 3 - 30° extension block to full elbow flexion



Phase III (4-5 weeks after surgery)

Rehabilitation appointments	 Occupational therapy 1x/week per instructed by therapist
Rehabilitation goals and priorities	 Adjust extension block weekly, increasing 10 degrees per week Scar management Edema management Light activities per restrictions with affected upper extremity per tolerance
Suggested therapeutic exercises	 AROM and AAROM for elbow flexion/extension with forearm in neutral AROM and AAROM forearm supination/pronation with elbow at 90° Single plane AROM for elbow flexion, extension, supination, and pronation Sub-maximal pain-free isometrics for elbow flexion and extension with forearm in neutral
Precautions	 No pushing, pulling, or lifting more than 1-2 pounds with involved upper extremity No weightbearing with involved upper extremity
Orthotic	 Week 4 - 20° extension block to full elbow flexion Week 5 – 10 degrees extension block to full elbow flexion



Phase IV (6 weeks after surgery)

Rehabilitation appointments	 Occupational therapy 1x/week per instructed by therapist
Rehabilitation goals and priorities	 Initiate weaning from orthosis in order to perform light activities Scar management Edema management Light activities per restrictions with affected upper extremity per tolerance
Suggested therapeutic exercises	 Continue program as above May begin combined/composite motions (i.e. extension with pronation) Initiate sub-maximal pain-free supination and pronation
Precautions	 No pushing, pulling, or lifting more than 1-2 pounds with involved upper extremity No weightbearing with involved upper extremity
Orthotic	 Week 6 - 0° degrees of extension to full elbow flexion Initiate weaning from orthosis about 1 hour per day



Г

Distal biceps tendon repair

Phase V (8 weeks after surgery)

Rehabilitation appointments	 Occupational therapy 1x/week per instructed by therapist
Rehabilitation goals and priorities	 Discontinue Bledsoe brace if adequate motor control is achieved and no pain is present. Scar management Edema management Perform activities within restrictions
Suggested therapeutic exercises	 If significant ROM deficits at 8 weeks, may consider more aggressive management after consultation with referring surgeon to regain ROM, like static progressive orthosis. Progressive resisted exercise program initiated for elbow flexion, extension, supination, pronation – progressing to low resistance, high repetition as tolerated. 2-3lbs weights max.
Precautions	 No pushing, pulling, or lifting more than 5 pounds with involved upper extremity No weightbearing with involved upper extremity
Orthotic	 Discontinue Bledsoe brace if adequate motor control is achieved and no pain is present



Distal biceps tendon repair Phase V (12-14 weeks after surgery)

Rehabilitation appointments	Discontinue therapy if appropriate or 1-2 more appointments if needed
Rehabilitation goals and priorities	Full return to all activities
Suggested therapeutic exercises	 Specific sports strengthening or work strengthening Consider work hardening program Initiate weight bearing as tolerated
Precautions	No restrictions