



SASKATOON ORTHOPEDIC & SPORTS MEDICINE CENTER

Distal Biceps Tendon Repair: Rehabilitation Guidelines

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.

Initial Post Operative Immobilization:

- Posterior sling, elbow immobilization at 90 degrees for 5-7 days with in neutral (unless otherwise indicated by surgeon).

Hinged Elbow Brace:

- Elbow placed in a hinged ROM brace at 7-10 days post-operative. Brace set unlocked at 45 degrees to 90 degrees (or as per surgeon's direction).
- Gradually increase elbow ROM in brace (see below).

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

Week 2	45 degrees to 120 degrees
Week 3	30 degrees to 120 degrees – Discontinue neutral handle.
Week 4	30 degrees to full elbow flexion
Week 5	20 degrees to full elbow flexion
Week 6	10 degrees to full elbow flexion
Week 8	Full ROM of elbow; discontinue brace if adequate motor control

Range of Motion Exercises (to above brace specifications)

Week 2

- Passive ROM for elbow flexion and supination (with elbow at 90 degrees).
- Assisted ROM for elbow extension.
- Assisted pronation (with elbow at 90 degrees).
- Shoulder ROM as needed based on evaluation, avoiding excessive extension.
- Home exercises – passive flexion (with use of non surgical arm), followed by gravity-assisted extension, performed in brace, 2 sets of 10X5 session/day.
- Scapular retraction/postural maintenance.
- Gentle ball squeeze “pumps”.

Week 3

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

Week 4

- Active ROM elbow flexion and extension, active pronation/supination.

Week 5-8

- 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	Sub-maximal pain free isometrics for triceps, biceps, pronations and supinations.
Week 4	Single plane active ROM elbow flexion, extension, supination, and pronation. 2-3 sets of 10-15 gravity resisted.
Week 8	Progressive resisted exercise program is initiated for elbow flexion, extension, supination, and pronation. Soup can resistance for flexion followed by tubing resistance progression in pain free ROM.

Progress shoulder strengthening program:

- Weeks 10-14; May initiate light upper extremity weight training.
 - Non-athletes initiate endurance program that simulates desired work activities/requirements.
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