

Distal Bicep Tendon Repair- Rehabilitation Protocol

Initial Postoperative Immobilization

- Posterior splint, elbow immobilization at 90° for 7-10 days with forearm in neutral

Hinged Elbow Brace

- Elbow placed in a hinged ROM brace at 7-10 days postoperative. Brace set at 45° to full flexion.
- Gradually increase elbow ROM in brace (see below)

Hinged Brace Range of Motion Progression

- **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.

