

Distal Biceps Tendon Repair Post-Surgical Rehabilitation Protocol

3-5 days post-op

1. Abbreviated Evaluation

- a. Surgical dressing is removed
- b. Assess incision site
- c. Assess edema

2. Hinged Elbow Brace

- a. Elbow placed in a hinged elbow brace locked last 30-50 degrees of extension.
- b. Maintain full supination of the forearm during exercises at this stage.

3. Initiate elbow flexion passively and elbow extension actively within brace parameters

4. Initiate active ROM of the wrist while in elbow splint

5. Initiate forearm supination **passively** and pronation actively with elbow at 90 degrees.

Week 2

1. Initiate scar mobilization if needed
2. Shoulder ROM as needed avoiding excessive elbow extension

Week 3

1. Begin active pronation and supination with elbow fully flexed
2. Active elbow extension to 30 deg. (Progress to 0 deg over next 3 weeks)
3. Begin shoulder isometrics with brace on in planes of ER, IR, abd, and extension

Week 4

1. Initiate active elbow flexion with the splint
2. Begin elbow isometrics (submax for biceps with forearm at neutral)
3. Initiate putty if pain and edema are low.

Week 6-8

1. If PROM limitation present, use weighted stretch or consider static/dynamic splint
2. Initiate progressive resisted exercises for elbow flexion and supination.
3. Encourage light functional hand use
4. D/C splint at 6 weeks

Week 8-12

1. Consider work conditioning/hardening for those with physically demanding jobs.

Week 16

1. Return to work

*** Developed and approved by Rolando Izquierdo, M.D. (Updated March 2016)**