OrthoIllinois REHABILITATION

Distal Biceps Endobutton Repair

Dr. Bear

Surgical Procedure:

- An anterior approach over the antecubital fossa. The injured tendon is identified and debrided as needed. A channel is drilled completely through the radius near the normal insertion of the biceps. The Endo-Button®, an oblong plate of metal, 2.5 cm by 1 cm, is passed through the channel lengthwise with a suture. The other end of the suture is passed through the tendon to be repaired. Once the Endo-Button® is through tunnel, the suture is passed back up through the channel, anchoring the Endo-Button® to the other side of the radius. Pulling on the suture draws the tendon end into the channel. The patient is placed in a long arm bulky dressing.

3-6 days post-op

- The bulky compressive dressing is removed. A light compressive dressing is applied above and below the elbow for edema control.
- A posterior long arm orthosis is fabricated, positioning the elbow in 75 degrees of flexion, the forearm in supination and the wrist in neutral.
- Begin HEP:
    - Passive elbow flexion/active elbow extension (30 degree extension block)
    - Passive forearm supination/active forearm pronation (elbow flexed 90 degrees)
    - Wrist/digital ROM

5 weeks post-op

- Begin full AROM (elbow flexion/forearm supination included)
- Discontinue 30 degree extension block
- May begin weaning out of orthosis in controlled environments

6 weeks post-op

- Discontinue orthosis use
- Can begin functional tasks with a 5 lb. Weight restriction

10 weeks post-op

- Begin strengthening

Adapted From:

1) Diagnosis and Treatment Manual for Physicians and Therapists (The Hand Rehabilitation Center of Indiana, 2001)

2) Consultation with Dr. Brian Bear, MD at OrthoIllinois

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