

Distal Biceps Endobutton Repair

Dr. Foster

Surgical Procedure: An incision is made in the antecubital fossa of the elbow. The distal biceps tendon is identified, debrided and mobilized from any adhesions. Sutures are placed through the tendon and used to secure an Endo-Button[®] fixation device to the distal biceps. A hole is drilled through the radius with the Endo-Button[®] and tendon then passed through the hole. Once fixation is noted the skin is re-approximated with sutures. The patient is placed into a long arm surgical dressing at ~90 degrees.

Phase I (10 – 14 days post-op)

- Wound care:
 - The bulky compressive dressing is removed. A light compressive dressing is applied above and below the elbow for edema control.
 - Sutures are removed. 48 hours after suture removal, and if healing is appropriate, scar mobilization techniques may be initiated.
- Sling: May be issued/worn for comfort
- ROM:
 - Full AROM (within tolerance) for elbow flexion/extension and supination/pronation
 - A/PROM for wrist & digits
- Exercises:
 - Patient may use the UE to perform normal, light ADLs
 - If lateral antebrachial cutaneous nerve (LABCN) or posterior interosseus nerve (PIN) have been impacted by surgery, begin desensitization & nerve glides as needed

Phase II (4 weeks post-op)

- Modalities: Moist heat may be incorporated prior to stretching to increase patient comfort
- ROM: May begin PROM as needed within patient's tolerance

Initiation Date: 2015 Revised Date: 11/2016, 03/2023

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Phase III (6 weeks post-op)

- Strengthening: Progressive strengthening may be initiated, up to 5 lbs, for elbow, forearm, wrist, and digits

Phase IV (8 weeks post-op)

- Strengthening: Continue strengthening up to 10 lbs based on patient comfort

Phase V (12 weeks post-op)

- Strengthening: As tolerated. Work conditioning program as needed (for worker's compensation patients)

Adapted From:

- 1) Diagnosis and Treatment Manual for Physicians and Therapists (The Hand Rehabilitation Center of Indiana, 2020)
- 2) Consultation with Dr. Brian Foster, MD at OrthoIllinois

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