Distal Biceps Endobutton Repair

Dr. Bear

Surgical Procedure:

- An incision is made in the antecubital fossa. The distal biceps tendon is identified, debrided, and mobilized from any adhesions.Suture 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 near the Endo-Button® and tendon are passed through the hole. Once the fixation is noted the skin is re-approximated with sutures. The patient is placed in a long arm surgical dressing at ~90*

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.
- Brace: Breg brace at 80* flexion
- Begin HEP:
    - Passive elbow flexion/active elbow extension (30 degree extension block)
    - Passive forearm supination/active forearm pronation (elbow flexed 90 degrees)
    - Wrist/digital A/PROM

3 weeks post-op

- Suture removal
    - Begin scar mobilization
    - Introduce modalities for scar/edema management

5 weeks post-op

- Begin full AROM (elbow flexion/forearm supination included)
- Discontinue 30 degree extension block; full ROM allowed
- 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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