BRIGHAM AND WOMEN'S HOSPITAL
A Teaching Affiliate of Harvard Medical School
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Department of Rehabilitation Services
Physical Therapy

Distal Bicep Tendon Repair- Rehabilitation Protocol

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course for a patient that has undergone a distal biceps tendon repair. It is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring Surgeon.

Initial Post operative Immobilization

- Posterior splint, elbow immobilization at 90° for 5-7 days with forearm in neutral (Unless otherwise indicated by surgeon)

Hinged Elbow Brace

- Elbow placed in a hinged ROM brace at 5-7 days postoperative. Brace set unlocked at 45° to full flexion.
- Gradually increase elbow ROM in brace (see below)

Hinged Brace Range of Motion Progression

(ROM progression may be adjusted base on Surgeon's assessment of the surgical repair.)

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.

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