



## DISTAL BICEP TENDON REPAIR

### PHASE I (surgery to 2 weeks after surgery)

Appointments	<ul style="list-style-type: none"> <li>No rehabilitation appointments during this phase</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>Protection of healing repair</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>Splint: Your elbow will be immobilized at 90° in a splint for 10-14 days with forearm in neutral NOTE: Staying within the range of motion (ROM) guidelines is vital to protect the repair</li> </ul>
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> <li>None at this time</li> </ul>
Cardiovascular Exercise	<ul style="list-style-type: none"> <li>None at this time</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>2 weeks post-op</li> </ul>

### PHASE II (2-4 weeks after surgery)

Appointments	<ul style="list-style-type: none"> <li>Rehabilitation appointments are 1-2 times per week</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>Protect repair</li> <li>Avoid overstressing the fixation site</li> <li>Begin to restore motion</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>The initial elbow extension block will be determined based on the tension of the repair - the elbow flexion angle needed for re-attachment during the surgery. The surgeon will prescribe and document the extension block and set the hinged brace at the first</li> </ul>

	<p>physician post-op visit. The patient will start physical therapy very soon after that appointment. The extension block can be progressed 10° each week by the therapist until they reach full extension. For example, if it was set at 40° 14 days after surgery, then the PT can progress that to 30° at day 21 assuming there are no symptomatic restrictions.</p> <p>In some cases, such as acute tears of healthy tendons, the tendon can be repaired without tension, thus almost full extension. In these cases, a hinge brace will not be necessary. The patient may have a soft sling for comfort, but this can be weaned from as soon as they start physical therapy.</p> <ul style="list-style-type: none"> <li>• Avoid shoulder extension.</li> </ul>
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> <li>• Passive range of motion (PROM) for elbow flexion and supination, within current ROM limits above</li> <li>• Active range of motion (AROM) for elbow extension and pronation, within current ROM limits above</li> <li>• Sub-maximal, pain-free isometrics for triceps</li> <li>• Sub-maximal, pain-free isometrics for biceps with forearm neutral, up to lifting 5 lbs.</li> <li>• Active shoulder motion with 5-pound lifting restriction</li> </ul>
Cardiovascular Exercise	<ul style="list-style-type: none"> <li>• Stationary bike • Outdoor walking (no treadmill or uneven surfaces)</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• 4 weeks post-op</li> </ul>

### PHASE III (5-12 weeks after surgery)

Appointments	<ul style="list-style-type: none"> <li>• Rehabilitation appointments as needed. Usually 1 time per week</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Achieve full elbow motion</li> <li>• Adherence to home exercise program (HEP)</li> </ul>

Precautions	<ul style="list-style-type: none"> <li>• Avoid shoulder extension and eccentric biceps activity</li> <li>• Hinged Brace: continue to progress as described in phase 2</li> </ul>
Suggested Therapeutic Exercise	<ul style="list-style-type: none"> <li>• Single plane AROM for elbow flexion, extension, supination and pronation.</li> <li>• Progress single plane motions to multi-planar motions at 8 weeks post-op if good control with single plane motions</li> <li>• Progress isometrics to light isotonic at 8 weeks if progressive isometrics are pain-free</li> <li>• Progress to more aggressive interventions for ROM if full range has not been achieved by 8 weeks post-op</li> </ul>
Cardiovascular Exercise	<ul style="list-style-type: none"> <li>• Stationary bike with moderate resistance</li> <li>• Deep water running and swimming</li> <li>• Elliptical trainer at moderate intensity</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• 12 weeks post-op</li> <li>• Full elbow AROM</li> <li>• Good control with multi-planar elbow movements</li> </ul> <p>PHASE IV (begin after meeting Phase III criteria, usually 12 weeks after surgery)</p>

**PHASE IV (begin after meeting Phase III criteria, usually 12 weeks after surgery)**

Appointments	<ul style="list-style-type: none"> <li>• Rehabilitation appointments as needed</li> </ul>
Rehabilitation Goals	<ul style="list-style-type: none"> <li>• Normal multi-planar high velocity movements without side to side differences or compensations</li> <li>• Normal strength without side to side differences or compensations</li> <li>• Adherence to HEP</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• No active reactive swelling or pain that lasts more than 12 hours</li> <li>• Must meet strength test requirements for sport/work</li> </ul>

Suggested Therapeutic Exercise	<ul style="list-style-type: none"> <li>• Progress multi-planar motions to include upper quarter, as well as appropriate resistance and velocity</li> <li>• Ensure supination strength is regained</li> <li>• Progress isotonic to eccentric. Initiate eccentrics in mid-range and ensure strength and tolerance prior to progressing toward end of range</li> <li>• Strength and control drills related to sport specific movements</li> <li>• Sport/work specific balance and proprioceptive drills</li> <li>• Hip and core strengthening</li> <li>• Stretching for patient specific muscle imbalances</li> </ul>
Cardiovascular Exercise	<ul style="list-style-type: none"> <li>• Design to use sport specific energy systems</li> </ul>
Progression Criteria	<ul style="list-style-type: none"> <li>• Return to unrestricted sport/work after receiving clearance from the orthopedic surgeon and the physical therapist/athletic trainer. Patient should have less than 15% difference in strength test.</li> </ul>