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## DISTAL BICEP TENDON REPAIR PROTOCOL

The following protocol should be used as a guideline for rehabilitation progression, but may need to be altered pending the nature and extent of the surgical procedure, healing restraints or patient tolerance.

- Patient will be fitted with a hinged, limited ROM brace (LROM) preoperatively.
- Postoperative goals are to maintain the integrity of the repair, decrease pain and swelling, and educate the patient of precautions and progression of rehab.

### PT Phase 1: (0-3 weeks postop)

- No active biceps contraction
- No aggressive stretching- protect the repair
- Monitor incision for proper healing
- LROM brace locked at 90° for the first 10 days or until first MD follow up. Then unlock brace to 80°-110° and increase extension by 20° per week.
- PROM for elbow flexion and supination, working towards AAROM elbow flexion by week 3.
- AROM for wrist, hand, and shoulder as tolerated
- Wrist and hand strengthening including use of putty
- Modalities PRN for pain and inflammation relief

### PT Phase 2: (4-6 weeks postop)

- Continue to increase LROM brace by 20° per week with a goal of full extension by 6 weeks postop.
- May discontinue brace at 6 weeks postop if full PROM and adequate motor control.
- Initiate pain-free triceps and shoulder isometrics at 90° of elbow flexion.
- Initiate AROM of elbow and forearm avoiding maximal biceps contraction.

### PT Phase 3: (7-12 weeks postop)

- Increase intensity of PROM and manual therapy to regain any motion deficits.
- Begin multi-plane shoulder, triceps and forearm strengthening. Allowed to combine pronation and elbow extension as tolerated without pain.
- Initiate biceps strengthening at week 10-12 as tolerated. Keep forearm at neutral for biceps strengthening. Avoid any lifting at elbow >5 pounds.

### PT Phase 4: (12+ weeks postop)

- Gradual return to weightlifting and sport specific activities as allowed by M.D.
- Non-athletes are allowed to initiate an endurance program that simulates desired work activities/requirements.

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