



Department of Rehabilitation Services

Physical Therapy

Distal Bicep Tendon Repair- Accelerated 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 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 7 days postoperative. Brace unlocked at 30° degrees to full flexion.
- Gradually increase elbow ROM in brace (see below)

Brace Range of Motion Progression

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

Week 3 Full extension to full flexion

Week 6 Discontinue brace if adequate motor control

Range of Motion Exercises

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

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Weeks 6-8

- Continue progression 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 6 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.

3 Months Post-op: Activity as tolerated is permitted.

6 Months Post-op: Full activity without restriction is allowed.

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