

DISTAL BICEPS TENDON REPAIR PROTOCOL

RESTRICTIONS:

1. No forearm supination AROM for 4 weeks.
2. No Elbow flexion AROM for 4 weeks.

POST-OP WEEK 0-2:

Home Expectations:

1. Surgical dressing: Cover entire incision until post op day 14 and keep incision completely dry.
2. Hinged Elbow brace to be worn at all times ROM 70-100 degrees.
3. Pain management:
 - a. Cryotherapy: Apply to surgical site to decrease post op edema and help with pain reduction. Use as often as needed.
 - b. Prescription pain medications as needed.
 - c. Elevation of surgical site above the level of your heart.

POST-OP WEEK 2-4: *Start formal physical therapy*

Home Expectations:

1. Continue to wear a hinged elbow brace or sling for up to 6 weeks or per physician orders.
2. Pain management:
 - a. Cryotherapy: Continue to use ice to decrease pain and swelling, post exercise and as often as needed.
 - b. Pain medications. Wean off of prescription pain medications and start Acetaminophen and/or NSAIDS as needed.
 - c. Elevation: Continue as needed for edema/swelling
3. Follow up with the Orthopedic Team (Physician Assistant) at 2 weeks post op.

Therapy Goals:

1. Begin PROM as tolerated with emphasis on attaining full extension and working toward full supination.
2. Begin Active wrist extension, flexion, ulnar and radial deviation.

POST-OP WEEKS 4-6:

Home Expectations:

1. Continue to wear a hinged elbow brace or sling for up to 6 weeks or per physician orders.

Therapy Goals:

1. Continue with PROM as needed progressing to patients tolerance.
2. Begin AAROM and work into AROM for elbow flexion/extension and pronation/supination.

POST-OP WEEKS 6-12:**Home Expectations:**

1. Brace to be discontinued by an orthopedic provider.
2. Follow up with your Orthopedic Surgeon at 6 weeks post op.

Therapy Goals:

1. Continue PROM to achieve normal ROM compared to non-involved extremity.
2. AROM/PRE's in pain-free ranges using either hand weights, resistive equipment or tubing.
3. Return to full activity as indicated by adequate muscle strength, proprioceptive development, and physician orders.

This protocol provides you with general guidelines for the rehabilitation of a Distal Biceps Tendon Repair. Changes in the program are made as appropriate/indicated for each patient. Any further restrictions on the physician's order take precedence. If you have any questions regarding the patient and/or protocol, please send a message to the Little Falls Orthopedics Team or Physical Therapy Department at (320) 631-2205.