

Alta View Sports Medicine



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Distal Biceps Tendon Repair Physical Therapy Protocol

General Guidelines: The included protocol is intended to be a guideline for the therapist in assisting the patient having undergone a distal biceps tendon repair. The overall speed of progression is determined by the therapist upon achieving the designated goals, but should follow the motion restrictions as outlined. Determined length of therapy is 2-3 times weekly for 6-12 weeks with emphasis on a home exercise program. Modalities may be used as needed.

Rehabilitation Protocol

Phase 1: 0-2 weeks postop

Goals: Control Pain, diminish swelling, protect the distal biceps repair

The patient is kept in a posterior splint for 2 weeks postop to limit the tension on the distal biceps tendon repair. Therapy is usually not initiated until weeks 3-4.

Phase 2: 2-4 weeks postop

Goals: Control pain, control swelling, gentle elbow motion in hinged elbow brace, protect the distal biceps repair

Brace: the patient is to perform all motion exercises in the hinged elbow brace with the below settings beginning:

- Week 3: Full flexion to 40° from full extension
- Week 4: Full flexion to 30° from full extension
- Week 5: Full flexion to 20° from full extension
- Week 6: Full flexion to 10° from full extension
- Week 7: Unlocked full flexion and extension as tolerated

Precautions: NO ACTIVE ELBOW FLEXION/SUPINATION

Range of Motion Exercises: Begin supine, then eliminating gravity, then with elbow at patient's side

- Passive elbow flexion and supination
- Active assisted elbow extension to brace limits
- Active assisted forearm pronation with elbow at 90° of flexion
- Triceps Isometrics
- Shoulder, Wrist, Hand motion
- Grip Strengthening

Phase 3: 5-8 weeks postop

Goals: Advance elbow range of motion, begin active range of motion, protect distal biceps tendon repair

Brace: the patient is to perform all motion exercises in the hinged elbow brace with the below settings beginning:

- Week 6: Full flexion to 10° from full extension
- Week 7: Unlocked full flexion and extension as tolerated

Precautions: NO ACTIVE FLEXION/SUPINATION AGAINST RESISTANCE. NO LIFTING.

Range of Motion Exercises: Begin supine, then eliminating gravity, then with elbow at patient's side

- Active assisted elbow flexion and supination, advance to active
- Active elbow extension to brace limits
- Active forearm pronation with elbow at 90° of flexion
- Biceps/Triceps Isometrics
- Shoulder, Wrist, Hand motion
- Grip Strengthening

Phase 4: 2-3 months postop

Goals: Maintain full elbow range of motion, begin progressive gentle elbow strengthening, return to functional activity

Brace: the patient may wean out of brace once full motion has been achieved actively.

Precautions: NO LIFTING > 5 lbs

Range of Motion Exercises:

- Active elbow flexion/extension/supination/pronation and stretching
- Biceps/Triceps Isometrics
- Begin Gentle Biceps/Triceps Isotonics
- Biceps/Triceps curls, 5 lbs
- Shoulder, Wrist, Hand motion
- Grip Strengthening

Phase 4: 4-6 months postop

Goals: Maintain full elbow range of motion, progressive elbow strengthening, continue elbow stretching

Elbow Strengthening: may advance active elbow flexion by 10 lbs per week as tolerated without pain. Any increase in pain demands a two day rest period.

4 months: two hand plyometric racquet sports, begin throwing progression program

5 months: single hand plyometric racquet sports

Return to Sport Participation

- Full pain-free range of motion equal to contralateral side
- Flexion/extension strength > 80% compared to unaffected arm
- Satisfactory clinical exam