

Elbow Distal Biceps Tendon Repair Protocol

Phase 1	Surgery to 6 weeks post-op
Initial Immobilization	<ul style="list-style-type: none"> • In surgery, the elbow may be placed in a sling or rigid splint until first post-op and therapy visit • No rehabilitation at this time • During the first visit, the patient will be fit with hinged elbow brace locked between 50-70 degrees flexion, per comfort
Rehab Goals	<ul style="list-style-type: none"> • Protect the healing repair • Minimize bicep facilitation • Restore full elbow and forearm motion
Precautions	<ul style="list-style-type: none"> • Brace should be on at all times with removal for bathing and HEP only • Brace should be locked and immobilize the elbow • Sleep with brace locked to prevent inadvertent flexion • Wrist and hand free for motion • Stay within guidelines for repair to minimize bicep tightness • Use of the affected arm should be minimal with lifting 1-3lbs with elbow brace on • When the brace is off for HEP and bathing, use of the arm should be minimal with no loading of the bicep.
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> • AROM should be done while supine and in pain-free range <ul style="list-style-type: none"> ○ AROM into elbow flexion and extension with shoulder at 90 degrees flexion ○ Supine supination and pronation in pain-free range with arm at patient's side, with elbow flexed to 90 degrees • Scar massage to be initiated 2 days after sutures are removed

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Phase 2	At least 6 weeks post-op
Precautions	<ul style="list-style-type: none"> • Hinged elbow brace to be discontinued • Patient should be educated in daily lifting with forearm in neutral position • Avoid loaded pronation to supination with elbow flexion activities
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> • Patient may advance into PROM if full elbow or forearm AROM is not achieved • Initiate strengthening with patient supine for elbow flexion, extension. Start with 1-2lb weight advancing 1lb every 2 days if pain-free • Initiate seated supination and pronation strengthening with 1-2lb weight advancing 1lb every 2 days if pain-free • Maximum weight 10lbs unless otherwise allowed by physician • When the patient reaches 5lbs pain-free strengthening while supine, they can advance into stranding elbow and forearm strengthening as tolerated • Patient can initiate cardio exercise as tolerated

Phase 3	At least 12 weeks post-op
Rehab Goals	<ul style="list-style-type: none"> • Full return back to normal ADL, IADL, and leisure activities as tolerated
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> • Initiate strengthening and endurance that simulates desired work activities • Advance activities as tolerated • Advance strengthening as tolerated • Initiate gentle plyometrics as tolerated