

Distal Biceps Tendon Repair Guidelines

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ROM progression may be adjusted based on surgeon's assessment of the surgical repair.

Week 2-3:

- **Brace** is blocked at 45° (week 3 could go to 30) to full elbow flexion. Flexion is created with elastic traction on brace.
- Passive ROM for elbow flexion.
- Passive ROM for supination (with elbow at 90°).
- AROM for elbow extension (*only to negative 45° of extension*).
- AROM for pronation (with elbow at 90°).
- Shoulder ROM as needed based on evaluation, avoiding excessive extension.
- Sub-maximal pain-free isometrics for triceps and shoulder musculature-with brace on.

Week 4:

- **Brace**- discharge except for at-risk situations.
- Initiate active-assisted ROM elbow flexion in straight plane (*forearm in neutral and supinated*).
- Continue active-assisted extension and progress to passive extension ROM.
- Continue active-assisted for pronation (with elbow at 90°).
- Sub-maximal pain-free biceps isometrics with forearm in neutral.
- External rotation exercises in sideling with no resistance. Elbow at 90°.
- Scapular adduction in standing with no resistance.

Week 5:

- Active ROM elbow flexion, extension, supination and pronation.
- PROM as needed.
- Single-plane active ROM elbow flexion, extension, supination, and pronation.
- Continue with external rotation. Can add weight to this but no more than 3 lbs.

Weeks 6-8:

- Continue program as above.
- May begin combined motions (i.e., extension with pronation and flexion with supination).
- If, at 8 weeks post-op, the patient has significant ROM deficits, therapist may consider more progressive management, after consultation with referring surgeon, to regain ROM.

Week 8:

- Progressive resisted exercise program is initiated for elbow flexion, extension, supination, and pronation and the shoulder girdle.

Weeks 12-14:

- May return to sports-specific motions and activities.
- Non-athletes initiate endurance program that simulates desired work activities/requirements.
- Throwing athletes **can start** to return to throwing with the injured arm.