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Distal Bicep Repair Rehab Protocol

The distal biceps is a tendon that is commonly ruptured in the fourth and fifth decade in males. The distal biceps is the main supinator of the wrist and works as an elbow flexor as well. Commonly the injury is noted with ecchymosis over the antecubital fossa with deformity of the biceps proximally. Surgical repair is usually indicated; several different techniques are utilized, all generally with excellent outcomes.

Post-operative Rehabilitation

Week 1:
Generally, after surgery a bulky compressive dressing and sling is applied to the patient's arm. It is left in the sling for comfort. At first follow-up visit the dressing is taken down. The wound is inspected, sutures are removed as it applies. Ice and elevation as tolerated, Ace wrap for swelling.

Weeks 1-2:
The sling is slowly discontinued. The patient is to resume passive and active range of motion with restrictions of 2 pounds. Elbow active range of motion (AROM), passive range of motion as tolerated.

Goal: To regain full range of motion by 3 weeks.

Weeks 3-6:
Physical therapy may begin at this point if full passive range of motion is not complete. Continued focus on restrictions and amount of lifting until 6 weeks. Modalities including focus on decreased swelling as well as inflammation. Continue previous passive and active range of motions; may start hand squeezing exercises with putty, sponge, or ball.

Goal: Full active and passive range of motion, pain-free.

Week 6:
Progressive range of motion exercises, continue previous exercises. The patient's 5-pound weight restriction is lifted, allowed to progress strengthening exercises, continue focus on full pronation, supination, as well as flexion extension of the elbow and wrist.

Weeks 12-16:
Gradual progression to lifting 40 pounds in flexion by 3 months, continued strengthening to full release at 4 months.

Disclaimer: The patient is to return to sports at 6 months, once released at the discretion of the physical therapist as well as Dr. Kelsheimer.