Dr. Tyler Kent
Tylerkentmd.com
DISTAL BICEPS TENDON REPAIR REHABILITATION PROTOCOL

Phase I, 0-1 weeks. NO elbow ROM or supination, splint at all times.

PRECAUTIONS	- Use splint at all times for 2 weeks - Use pillows to support operative arm when sitting or sleeping - No active supination
Post-Operative Goals	- Pain and edema control; Cryotherapy and elevation - Proper splint positioning and compliance - Home Exercise Program (HEP) daily - Edema and pain control - Protect surgical repair - Wrist, hand, shoulder Range of Motion (ROM)
Treatment Recommendations	- Shoulder pendulums in splint - Shoulder Passive ROM (PROM) exercises, caution with active ROM (AROM) - Pain-free distal AROM: Wrist and hand AROM - ADL training - Initiate and emphasize importance of HEP
Criteria for Advancement	- Decreasing discomfort at rest - Adequate wound healing - Independent with ADLs - Independent with home exercise program (HEP)

Phase II, 2-6 weeks. NO active elbow flexion or supination; gradual increase in ROM

PRECAUTIONS	- Avoid weight bearing on operative upper extremity - Brace locked at 90° except when performing HEP - Use elbow brace at all times for 8 weeks except when bathing, dressing, icing or performing home exercise program (HEP) - No active elbow flexion - No active supination - Avoid pain during ROM exercises - No forced stretching
Post-Operative Goals	- Physical Therapy (PT) 1-2x/week - HEP daily - Edema and pain control - Protect surgical repair - Gradual return of motion with goal of ROM 15-130° by week 6
Treatment Recommendations	ROM Goals – DO NOT FORCE BUT ASSESS FOR STIFFNESS - Weeks 2-3: 45-100° - Weeks 4-5: 30-115° - Weeks 6-7: 15-130° Exercises - **Active extension, passive flexion** - Continue wrist, hand, shoulder ROM - Scapular strengthening - Gripping exercises - Triceps isometrics (week 5)
Criteria for Advancement	- No pain at rest - Must meet ROM advancement criteria as listed above - Tolerance of exercises without discomfort

Phase III, 6-12 weeks. Regain full ROM, begin AROM and gentle strengthening

PRECAUTIONS	- No lifting objects >1lb - Discontinue the brace at week 8 - No active elbow flexion or supination until week 8 - Avoid pain during ROM and strengthening exercises - No forced stretching
Post-Operative Goals	- Physical Therapy (PT) 1-2x/week - HEP daily - Full ROM - Protect surgical repair
Treatment Recommendations	Weeks 6-8: - Full elbow ROM - Active extension, AA/P flexion - Continue wrist, hand, shoulder ROM - Begin cuff/deltoid isometrics Weeks 8-12: - Begin biceps isometrics - Active flexion against gravity (week 8) - Resistive strengthening cuff/deltoid - Upper body ergometry (week 10)
Criteria for Advancement	- Full ROM - Tolerance of exercises without discomfort

Phase IV, 12-24 weeks. Improve Strength

PRECAUTIONS	- SLOW progression of resistance training - Avoid pain during ROM and strengthening exercises
Post-Operative Goals	- Physical Therapy (PT) 1-2x/week - HEP daily - Improve strength
Treatment Recommendations	Weeks 12-16: - ROM and stretching exercises as needed - Elbow flexion and supination resistive strengthening Weeks 16-24: - Progress strengthening as tolerated - Plyometrics and sport specific exercises
Criteria for Advancement	- Full ROM - Tolerance of exercises without discomfort

Phase V, 24+ weeks. Return to all activities

Criteria for return to all activities	- Quantitative assessments = 90% of contralateral extremity - Movement patterns, functional strength, flexibility, motion, endurance, power, and accuracy to meet demands of sport. Increase cardiovascular load to match that of desired activity. - Collaborate with ATC, performance coach/strength and conditioning coach, skills coach and/or personal trainer to monitor load and volume as return to participation. - Consult with MD on timing return to sport including any limitations.