Distal Biceps Repair Rehabilitation Guidelines

Phase 1 Precautions: Maintain postoperative splint for 10-14 days after surgery.
No lifting, pushing, pulling or forceful gripping with the surgical arm.
Balance relative rest for recovery with appropriate amounts of general activity for health, avoiding fear-avoidance behaviors.

Phase 1: Starts after Surgery	Emphasis on	Orthosis	Exercise
1-2 weeks	Protection Keep the postoperative splint clean and dry Minimize swelling Prevent finger stiffness and loss of motion for the unaffected joints Avoid upper quadrant pain from holding arm in a guarded position	Postoperative splint: posterior long arm splint A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises	Elevation NWB of the surgical arm Movement of unaffected joints throughout the day Suggested Therapeutic Exercise ● Finger flexion and extension AROM and AAROM for tendon glides ● Active finger ABD/ADD, assisted by lacing fingers with contralateral hand ● If not contraindicated by a non related shoulder dysfunction: active and active assisted shoulder range of motion through full available motion, glenohumeral ER with scapular retraction ● Forward and backward shoulder circles moving the scapula on the thorax ● Abdominal breaths/deep breathing Encourage staying active throughout the day as able, good sleep hygiene, good hydration and nutritional intake

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Phase 2 Precautions: Avoid repeated active elbow flexion.
No lifting anything heavier than a cell phone with the surgical arm.
No resistance strengthening until after 6 weeks post op.

Phase 2	Emphasis on	Orthosis	Exercise
2-6 weeks	Postoperative care: 2-week postoperative appointment with the surgical team for wound assessment and suture removal Balance relative rest with appropriate amounts of therapeutic activity for recovery Restore range of motion within precautions for the repair Scar management	Hinged EO limiting elbow extension as follows: week 2—75 degrees week 3—60 degrees week 4—45 degrees week 5—30 degrees week 6—open for full motion *if hinged EO ROM is in 10 dg increments, increase extension by 10 dg every 5 days starting at 70 dg at week 2 Hinged EO full time including to sleep removing for hygiene and supervised therapy sessions Tubigrip or an ace wrap at the elbow for swelling PRN	Suggested Therapeutic Exercise • Continue previous recommendations • AROM wrist 4-way • AAROM elbow flexion to tolerance • Gravity assisted and active elbow extension to the confines of the hinged EO • With the elbow positioned in 90 degrees flexion, assisted forearm rotation to tolerance, passive supination, active pronation • AROM and AAROM through available shoulder range of motion Scar management activities

Phase 3 Precautions: Gradual weaning from orthosis.
Avoid pain when strengthening **and when progressing ADL's and functional use of the surgical hand.**

Phase 3	Emphasis on	Orthosis	Exercise
6-12 weeks	Gradual weaning from orthosis Begin gradual strengthening for functional activities Continue restoration of range of motion, if applicable	Discontinue hinged EO as directed by surgeon (typically at 6-8 weeks)	Suggested Therapeutic Exercise • Initiate gravity resisted elbow flexion with forearm in supination, neutral and in pronation • Beginning at 8 weeks: progressive resistance for elbow and wrist strengthening using 1-3 pounds • 10 weeks: *gradual* increasing resistance for elbow and wrist strengthening beyond 3 pounds

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	Scar management including myofascial limitations **Encourage progressive functional use of the surgical hand**		***progressing weight when patient is not experiencing delayed muscle soreness*** ● **Flexibility exercises--examples: elbow extension with concurrent wrist extension and supination, shoulder horizontal ABD and ER with concurrent elbow in extension, shoulder extension with concurrent elbow extension and forearm pronation, doorway stretches for anterior shoulder girdle/chest openers** ● **Scapular stabilization and rotator cuff strengthening** ● **Grip strengthening** ● **Nerve glides if symptoms of LABCN neuropathy** **Progress ADL's, allowing pain to guide activity** **Scar management activities**
12-16 weeks	**Gradual return to previous level of activity unless ADL's require heavy lifting**	**Compression sleeves for comfort as needed**	**Encourage gradual return to all ADL's that do not require heavy lifting such as construction work** **Do not progress resistance until the patient is not experiencing delayed muscle soreness at current level of resistance**

Note: These instructions are to serve as guidelines and are subject to physician discretion. Actual progress may be faster or slower depending on the individual. Return to work and sport/recreation per surgeon discretion.

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