



Distal Biceps Repair Therapy Protocol

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PHASE I: 1-3 Weeks

Goals:

Elbow ROM from 30° of extension to 120° of flexion
Maintain minimal swelling and soft tissue healing
Achieve full forearm supination/pronation

Testing:

Bilateral elbow and forearm ROM

Exercises:

Set hinged brace at 30° of extension and 120° of flexion and perform active assistive flexion and active extension exercises within the brace (6 times daily with 2 sets of 10 each time)
Reset brace at 90°, the forearm straps are loosened and the patient performs 2 sets of 10 forearm rotations, straps should then be secured
Ice after exercise, 3-5 times per day
A sling shoulder be worn only as needed for comfort with the patient maintain full shoulder ROM.

PHASE II: 3-6 Weeks

Goals:

Full elbow and forearm ROM by 6 weeks
Scar management

Testing:

Bilateral elbow and forearm ROM
Grip strengthening at 5-6 weeks

Exercises:

3 weeks

- The extension limit in the brace is changed to 20°. Flexion remains at 120°, but patient may remove brace to allow full flexion 2 times per day. The brace stays on at all other times except when washing the arm.

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- Scar massage 3-4 times per day.

4 weeks

- Extension limit is changed to 10°
- Continue the same exercises
- Putty may be used 3 times per day for 10 minutes to improve grip strength

5 weeks

- The extension limit is changed to 0° and exercises are continued in the brace

6 weeks

- The brace is discontinued, unless needed for protection
- Passive elbow extension exercises are initiated if needed
- Light strengthening exercises are initiated with light tubing or 2-3 lbs weights for elbow flexion, extension, forearm rotation and wrist flexion and extension

Clinical Follow-up:

The patient usually is seen at 3 weeks and 5-6 weeks, then only as needed with doctor appointments, until full motion is achieved and to monitor the patient's strengthening program.

PHASE III: 6 Weeks-6 Months

Clinical Goals:

The strengthening program is gradually increased so that the patient is using full weights by 3 months. It may be as long as 6 months before a patient returns to heavy work.

Testing:

Grip strengthening
Elbow ROM

Exercises:

Elbow ROM exercises are performed in ROM is not WNL
Strengthening exercises to wrist, elbow, forearm, and possibly shoulder depending on sport and /or work requirements

Clinical Follow-up:

The patient is seen only as needed, usually with doctor appointments, to monitor progress with strengthening program.



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Disclaimer:

These general rehabilitation guidelines are created by physical and occupational therapist for the rehabilitation of various shoulder and elbow pathologies. These are to simply be used as guidelines. This information is provided for informational and educational purposes, only. Specific treatment of a patient should be based on individual needs and the medical are deemed necessary but the treating physician and therapists. The University of Kentucky and The American Society of Shoulder and Elbow Therapists take no responsibility or assume no liability for improper use of these protocols. We recommend that you consult your treating physician or therapist for specific courses of treatment.