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DISTAL BICEPS TENDON REPAIR GUIDELINES

I. ACUTE REPAIR

General Guidelines:

A splint or locked brace will be placed in the operating room and will be removed at the first post op visit.

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Four weeks after surgery, the patient is allowed to flex and extend against gravity as able.

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At 6 weeks, a gentle flexion-strengthening program is allowed, starting with 1-kg weights.

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Activity as tolerated is permitted at 3 months.

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Full activity without restriction is allowed 6 months after surgery.

PHASE I: 1-3 WEEKS

For the first post op week, the patient is in a posterior splint that is not to be removed. Beyond that point, the patient wears a removable posterior splint or a hinged elbow brace locked at 90 degrees. This brace is removed or unlocked for the exercises as described here.

Clinical Goals

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Elbow ROM from 30 degrees of extension to 130 degrees of flexion

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Maintain minimal swelling and soft tissue healing

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Achieve full forearm supination and pronation

Testing

Bilateral elbow and forearm ROM

Exercises

Patient should perform **passive** ROM exercises from 30 degrees of extension to 130 degrees of flexion 5-6 times per day for 25 repetitions.

Apply ice after exercise sessions.

A sling or “cuff and collar” may be used for the splint or hinged brace respectively

Shoulder ROM exercises are encouraged.

PHASE II: 3-6 WEEKS Clinical Goals

Full elbow and forearm ROM by 8 weeks

Scar management

Testing

Bilateral elbow and forearm ROM

Grip strengthening at 4-6 weeks

Exercises

Week 3

Active extension limit changed to 20 degrees. **Passive** flexion may be increases to full flexion as tolerated. Brace is worn at all times except when exercising or bathing.

Scar massage 3-4 times per day.

Active wrist flexion / extension.

Active ROM of hand in neutral position.

Supination / pronation through pain-free range.

Week 4

Active extension limit changed to 10 degrees.

Continue same exercises.

Putty may be used 3 times per day to improve grip strength.

Ladder with arm supported by unaffected extremity.

Gentle pulley while limiting elbow extension to -10 degrees.

Week 5

Full **active** extension is permitted.

Brace is worn for full 6 weeks.

Supine scapula stabilization with **no weight**.

Alphabet door / clockwise / counterclockwise circles with ball.

Week 6

At the end of 6 weeks, the brace may be discontinued.

Passive elbow extension exercises may be started if needed.

Light strengthening exercises are started with light tubing or 1-kg weights for elbow flexion, extension, forearm rotation and wrist flexion and extension.

Shoulder Theraband and strengthening exercises are started.

Supine scapula stabilization with 1kg weight.

Ball toss / trampoline chest pass 1kg weight.

Ice after strengthening exercises.

CLINICAL FOLLOW-UP

Patients are usually seen at 1-week post op, then at 5-6 weeks post op, then 12 weeks, and 6 months.

PHASE III: 6 WEEKS TO 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 ROW

Exercises

Elbow ROM exercises if ROM is limited.

Strengthening exercises to wrist, forearm, and possibly shoulder, depending on sport and/or work requirements.

Clinical Follow-up

The patient is seen as needed to monitor the progress with strengthening programs.

II. ALLOGRAFT RECONSTRUCTION

General Guidelines:

The program is delayed somewhat when an allograft is used.

A splint or locked brace will be placed in the operating room and will be removed at the first post op visit

Passive assisted motion is begun at 3 weeks and continued to 6 weeks.

Full extension is avoided until the 6th week.

Active motion for activities of daily living is allowed at 6 to 12 weeks.

Activity as tolerated progresses from the third to the sixth month.

At 7-14 days post op:

Splint is removed and replaced with a removable posterior splint or a hinged elbow brace

locked at 90 degrees.

Passive forward flexion is allowed (90 – 150 degrees). Full flexion is permitted based on pain.

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Passive exercises are repeated 2 times per day, 25 repetitions.

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Passive extension is allowed to 30 degrees from the first week after surgery.

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Weeks 3-6

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Passive assisted motion is begun.

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Avoid full extension until after 6 weeks.

Weeks 6-12

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Active motion for activities of daily living allowed.

3-6 Months

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Activity as tolerated progress.