

# DISTAL BICEPS REPAIR CLINICAL PRACTICE GUIDELINE



## Phase I: Weeks 0-6

0-2 weeks	<ul style="list-style-type: none"> <li>• Patient to be immobilized in 90 degrees flexion with forearm supinated for 2 weeks post-op. After 2 weeks until 5-6 weeks, patient is allowed to unlock hinged brace three times a day for PROM exercises.</li> <li>• PROM can be increased by 20 degrees extension every 4-5 days until full 0 degree extension is gained.</li> </ul>
2-6 weeks	<ul style="list-style-type: none"> <li>• PROM elbow per physician guidelines, pronation and supination</li> <li>• PROM shoulder flexion, abduction, ER- avoid extension</li> <li>• Maintain active scapular stabilizers: retraction, clocks, PNF</li> <li>• Shoulder isometrics: extension, abduction, ER, IR, submaximal flexion</li> </ul>
Goals	<ul style="list-style-type: none"> <li>• Protect repair</li> <li>• Minimal to no edema</li> </ul>

## Phase II: Weeks 4-6

Exercises	<ul style="list-style-type: none"> <li>• PROM elbow flexion, supination</li> <li>• PROM shoulder flexion</li> <li>• AAROM shoulder abduction, ER, IR, extension progressing to AROM as tolerated by end of 6th week</li> <li>• Initiate scar tissue mobilizations as needed</li> <li>• Putty or finger web for grip strength</li> </ul>
Goals	<ul style="list-style-type: none"> <li>• At least 75% elbow PROM</li> <li>• Tolerate increases in elbow extension</li> <li>• No edema or exacerbation with bicep isometrics and ROM</li> </ul>

### Phase III: Weeks 6-8

Exercises	<ul style="list-style-type: none"> <li>● Discontinue brace at 6 weeks</li> <li>● Continue to gain elbow extension ROM</li> <li>● AAROM elbow flexion, supination</li> <li>● AAROM shoulder flexion</li> <li>● Initiate UBE forward direction, using vertical handholds</li> <li>● Prone scapular stabilizing exercises- retraction, ext, rows, Ts             <ul style="list-style-type: none"> <li>○ Avoid loading the biceps with a weight during rows</li> </ul> </li> <li>● Initiate submaximal elbow flexion and supination isometrics</li> <li>● Rhythmic stabilization- supine, multiangle</li> <li>● Side lying or Theraband ER/IR strengthening</li> <li>● Triceps and posterior deltoid strengthening</li> </ul>
Goals	<ul style="list-style-type: none"> <li>● Tolerate forearm hanging dependently and extended out of sling</li> <li>● AAROM of elbow from extension to full flexion</li> </ul>

### Phase IV: Weeks 8-12

Exercises	<ul style="list-style-type: none"> <li>● AROM elbow flexion, supination- start gravity assisted, progress to antigravity</li> <li>● AROM shoulder flexion</li> <li>● If lacking extension range, begin to push stretching into extension</li> <li>● Biceps PRE's initiated submaximally</li> <li>● Shoulder flexion PRE's initiated</li> <li>● Progress scapular stability</li> <li>● UE weight shifts on table</li> </ul>
Goals	<ul style="list-style-type: none"> <li>● 5/5 shoulder flexion,abduction, ER, IR strength</li> <li>● Full ROM of elbow in supination and extension</li> <li>● No reactive effusion/exacerbation with biceps PRE's</li> </ul>

## Phase V: Weeks 12-20

Exercises	<ul style="list-style-type: none"><li>• Continue to strengthen biceps and surrounding musculature</li><li>• Progress both WB and NWB strengthening activities<ul style="list-style-type: none"><li>◦ Integrate functional strengthening</li></ul></li><li>• Initiate light plyometrics- chest pass to rebounder, impulse</li></ul>
Goals	<ul style="list-style-type: none"><li>• Demonstrate 5/5 with biceps strength testing</li><li>• No reactive effusion with unrestricted ADLs</li></ul>

## Phase VI: Weeks 20-24

Exercises	<ul style="list-style-type: none"><li>• If ROM is full and pain free, and patient tolerates PRE's, may begin free throwing and ballistic activities as well as unrestricted lifting</li></ul>
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## References

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- Ramsey ML. Distal Biceps Tendon Injuries: Diagnosis and Management. Journal of the American Academy of Orthopedic Surgeons. 1999; 7: 199-207.
- Hurov JR. Controlled active mobilization following surgical repair of the avulsed radial attachment of the biceps brachii muscle: a case report. Journal of Orthopaedic and Sports Physical Therapy. 1996; 23(6): 382-387.

