



Distal Biceps Tendon Repair

Dr. Bakker's Post-op Protocol

IMPORTANT INSTRUCTIONS FOLLOWING SURGERY:

- After surgery, your forearm and hand will be in a large bandage and plaster splint. Please **DO NOT** remove this. Try to keep your bandage clean and dry.
- To minimize swelling, you must keep your hand lifted up to your shoulder level.
- When sitting or lying, you should use pillows to support your surgically affected extremity, especially when sleeping.

REFERRAL TO THERAPY:

- You will be instructed to make an appointment with hand therapy (OT) around 7 days following your surgery. Depending on the clinic where hand therapy will be performed, please contact our Edina office at 952-456-7000 or our Plymouth office at 763-520-7870.

SURGERY TO WEEK 1:

- Remain in post-operative splint in 90 degrees flexion at the elbow with a sling.
- Perform gentle range of motion activities of the fingers.
- Ice 20-30 minutes three times daily.
- Transition to Tylenol.
- Attend therapy at one week post-operatively for the removal of the post-operative splint and fabrication of a custom splint if necessary. You will be instructed in range of motion exercises for the hand, wrist and shoulder. Shoulder isometrics and Codman's will be reviewed.
 - NO passive ROM of elbow, no active flexion of elbow.

WEEKS 1-2:

- Discontinuation of narcotics is expected, continue with Tylenol and ibuprofen as needed.
- Continue with therapy, emphasizing PROM and AAROM (active assistive range of motion). Monitor and control swelling of the hand and wrist. Modalities will be conducted as needed.
- Wear the sling as needed, removing often for range of motion activities to avoid stiffness.

- You may allow the elbow to straighten with gravity. Do not force it straighten. Do not conduct painful stretch. You will use your uninvolved hand to support and bend your injured elbow. You may bend to the end point of motion.
- You will use your uninvolved hand to rotate your injured forearm (palm up / palm down) with your elbow bent. Gentle stretch may be applied at end ranges of motion.
- Return to the clinic at the end of week two for evaluation and suture removal.
- You may get your surgical area wet after sutures are removed, but it is best to avoid submerging your incision for 1-2 days.

WEEKS 2-6:

- Continue with therapy with the goals of increasing AROM, scar tissue management, edema control, and decreasing pain/inflammation.
- No strengthening at this point, but transition to performing daily activities as tolerated.
- No use of the injured arm to grasp, pull/push or lift.

WEEKS 6-8:

- Return to the clinic at six weeks post-operatively for reevaluation.
- Continue in therapy with the goals of improving functional strength. You may begin with 1 pound and pain free range of motion.
- Transition to activities as tolerated.

WEEKS 8-12:

- Follow up at week twelve for re-evaluation or as needed if there is a concern.
- Progress strengthening, likely strengthening to 10 pounds of weight, with discharge from hand therapy being expected during this time frame.
- Perform all activities as tolerated.

6 MONTHS:

- Expect full activity