



Brian Bjerke, MD

Distal Biceps Tendon Repair

Post-Operative Protocol

Phase 1: (2 weeks)

- Immobilization in splint placed during surgery, sling for comfort.
 - Elbow at 90° flexion, neutral forearm rotation
- No use of arm while in splint/sling
- Maintain ROM at the wrist and hand while in splint/sling.
- **Medication:** Indomethacin ER 75mg should be taken once daily for the first 10 days following surgery. This is to prevent extra bone formation at the repair site.

Phase 2: (2 weeks-6 weeks)

- At 2 week post-op appointment splint will be removed, and the patient will remain in the sling.
- Sutures will be removed; however, surgical glue will remain over the incision. It is okay to shower without a dressing over incision. Do not pick at surgical glue; allow to fall off on its own.
- A compressive sleeve will be placed over elbow at this appointment. Leave this on at all times other than showering.
- Physical therapy:
 - Protective sling with elbow at 90° flexion and neutral forearm rotation. This is used at rest and for protection during ADL's.
 - When out of sling, active elbow extension and **active-assisted** elbow flexion through range of motion outlined below:
 - Post-op week 2-3: limit 15° flexion as tolerated
 - Post-op week 3-6: progress gradually to full extension
 - Patient can do full **active-assisted** pronation, progress within patient tolerance level.
 - Patient can do full **passive** supination.

Phase 3: (6 weeks-4-6 months)

- Discontinued sling at 6 weeks post-op.
- Start full active ROM of elbow and forearm at 6 weeks post-op.

- Start gradual strengthening at 10 weeks post-op (1-2lb. progressive resistance exercise with gradual progression using low weight, high repetition progression).
- Typical return to full unrestricted activity at 4-6 months post-op, depending on demand and specific activity.

*Please feel free to contact Dr. Brian Bjerke's office with any questions or concerns. Dr. Bjerke's care coordinator Andria Larson is available by phone at 952-456-7095.