



Distal Biceps Tendon Repair or Reconstruction

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This protocol was developed for patients who have had a primary repair or reconstruction of the distal biceps tendon. The goal of the rehabilitation is to gradually regain motion in the elbow joint and eventually regain strength. This will be a steady process to allow time to protect tendon to healing to the radial tuberosity.

Patients with distal biceps tendon ruptures are usually vigorous and active patients that do very well. However, it is important to be sure that patients do not do too much and stress or disrupt the repair. Conversely, it is important to be aware of the appropriate progression during the post-operative recovery. Stiffness after repair can result in prolonged recovery and a potentially permanent loss of function and disability.

More specific instructions and limitations may follow if the repair or reconstruction is tight or at higher risk of re-rupture.

Immediately after surgery the elbow is splinted in 90 degrees of flexion and neutral rotation. The splint is always left in place until the first post-op visit at two weeks. A double hinge upright brace will be worn from week 2 through week 6.

Weeks 0-2

- Splint at all times

Weeks 2-4

- No active flexion or active supination
- Normally full passive ROM in elbow brace
- Look in operative note for any ROM restrictions due tight repair secondary to loss of tendon length seen in late repairs

Weeks 4-6

- Gentle active elbow flexion and supination can begin
- 1 lb weight limit

Weeks 6-12

- Discontinue brace
- 5 lb weight limit

3 Months

- Slowly progressive strengthening is allowed