



## **Distal Biceps Tendon Repair Rehabilitation Protocol**

The intent of this physical therapy protocol is to provide a guideline of postoperative rehabilitation for the clinician to help treat a patient who has undergone a **distal biceps tendon repair**. It is not intended to be a substitute for clinical decision making. Clinical decision making on a postoperative course include physical exam and findings, individualized progress, and presence of any complications. If a clinician requires assistance with progression of a postoperative patient, please consult the referring surgeon.

### **Pain Management:**

Appropriate pain management includes an attempt at reducing the amount of narcotics and side effects of various pain medications by using various treatment protocols. Adequate preoperative pain measures include:

- **Anesthetic Blocks** - These are provided by an anesthesiologist preoperatively if clinically indicated
- **Local Analgesics** - Soft-tissue anesthetic injections may be used towards the end of the procedure to reduce post-operative pain
- **IV analgesics** - Postoperative pain medications in the acute postoperative phase may be provided with IV analgesics prior to discharge.
- **Oral analgesics** - Postoperative pain medications include opioids (oxycodone and norco), centrally-acting analgesics (acetaminophen or Tylenol), anti-inflammatory medications (NSAIDs such as meloxicam, celebrex, ibuprofen, or naproxen), and alpha-agonists (Tramadol).
- **Cryotherapy** - Ice and cryotherapy may be applied to the affected extremity allows for improvement in pain control.
- **Elevation** - Keeping the affected extremity elevated above the heart while at rest.
- **Compression** - Applying an ace-wrap or other compressive device to the operated extremity can reduce swelling and improve swelling

### **PHASE I - IMMEDIATE SURGICAL POST-OPERATIVE PHASE (7-10 days)**

#### *Goals:*

- Reduce swelling and manage pain
- Rest

#### *Evaluation:*

- Avoid falls
- If there is a significant amount of wound drainage, severe pain, or redness to the incision - please return to the orthopaedic surgeon's office for an immediate evaluation

#### *Therapy:*

- Splint is applied during surgery
- Splint remains in place for 7-10 days



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- May use sling
- Elevate extremity
- Please move hand - open and close.
- Codman's triangles for shoulder motion

## **PHASE II - MOTION (2 - 6 weeks)**

### *Goals:*

- Regain motion in extremity, including flexion, extension, supination and pronation
- Minimize postoperative swelling
- Maintain integrity of repair
- Prevent muscle inhibition

### *Evaluation:*

- 2 Week Visit: X-ray obtained to confirm maintenance of fixation.

### *Precautions*

- *No active biceps contraction 8 weeks*
- *No quick movements*
- *No excessive stretching*
- *No supporting body weight by hands*
- *Avoid PROM that is too aggressive or provokes muscle guarding*
- *No swimming*

### *Brace:* (ROM progression may be adjusted depending on the surgical repair.)

- Week 2-45° to full elbow flexion
- Week 3-45° to full elbow flexion
- Week 4-30° to full elbow flexion
- Week 5-20° to full elbow flexion
- Week 6-10° to full elbow flexion
- Week 8 Full ROM of elbow; discontinue brace if adequate motor control

### *Therapy:*

- Wean from sling
- Active extension and passive flexion
- No heavy lifting - 2-3lb weight restriction



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## **PHASE III: - STRENGTHENING (8+ weeks)**

### *Goal:*

- Should have ROM at this point.
- Begin strengthening exercises and work towards return to full function

### *Evaluation*

- 6 - 8 Week Visit: X-ray obtained to confirm maintenance of fixation.

### *Therapy*

- Initiate gradual, gentle strengthening exercises for hand and forearm.
- Light resistance may be begun to the elbow.
- May begin more aggressive strengthening at 3 months post-op

## **PHASE IV: Return to sport (6 months)**

### *Goals:*

- Full return to function at approximately 6 months

### *Evaluation*

- Will continue follow up appointments until full function is achieved

### *Therapy*

- Continue strengthening exercises and sport specific exercises.

If you have any questions, please do not hesitate to reach out to Dr. Morton.