EDWARDS ORTHOPEDICS
Advanced Orthopedic Surgery, Close to Home.
Dr. Chad Edwards, Orthopedic Surgeon

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**POST-OPERATIVE REHABILITATION PROTOCOL**

# Distal Biceps Tendon Repair

*Protected elbow extension and delayed resisted elbow flexion/supination*

| PATIENT | SURGERY DATE | SIDE / PROCEDURE NOTES |
|---|---|---|
| _____ | _____ | _____ |

**HOW TO USE THIS PROTOCOL** Time frames are guides, not deadlines. Progress only when the phase criteria are met and the knee/arm is not reacting with increased pain or swelling. Dr. Edwards' written instructions always take priority.

**SCOPE** The exact brace and motion plan depends on repair tension and fixation. Follow the operative order if it differs from the schedule below.

**STOP AND CALL:** fever/chills, increasing redness or drainage, uncontrolled pain, new or worsening numbness/weakness, calf pain/swelling, chest pain, or shortness of breath. Call 911 for an emergency.

## KEY RESTRICTIONS AT A GLANCE

| TIME | PROTECTION / WEIGHT BEARING | MOTION / LOADING |
|---|---|---|
| **0-2 weeks** | Posterior splint initially, then hinged brace | Passive flexion/supination; assisted extension/pronation only |
| 2-6 weeks | Hinged brace with staged extension | No lifting; no resisted biceps or supination |
| 6-12 weeks | Wean brace when cleared | Begin gradual resistance at about 8 weeks |
| 3-6 months | Avoid sudden heavy eccentric loading | Progress work/sport after strength and control return |

## PHASE-BY-PHASE PLAN

### Phase 1 | Protect the repair (0-2 weeks)

- **Priorities:** Protect fixation; control swelling; maintain shoulder, wrist, and hand mobility.
- **Protection:** Keep the postoperative splint/brace on as directed. Do not actively flex the elbow or actively supinate the forearm. Lift nothing heavier than a phone.
- **Therapy focus:** Finger/wrist ROM, gripping, shoulder ROM without excessive extension, and therapist-assisted elbow motion.

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- **Therapy focus:** Typical hinged-brace extension limit at week 2: 45 degrees short of full extension; full flexion is allowed without force.

## Phase 2 | Restore protected motion (2-6 weeks)

- **Priorities:** Gradually regain elbow and forearm ROM without loading the repair.
- **Protection:** No resisted elbow flexion or supination. Wear the hinged brace full time unless instructed otherwise.
- **Therapy focus:** Extension progression: 45 degrees in weeks 2-3, 30 degrees at week 4, 20 degrees at week 5, and 10 degrees at week 6.
- **Therapy focus:** Begin active-assisted elbow flexion around weeks 3-4 and active elbow flexion/extension around week 4 if cleared. Keep forearm rotation supported with the elbow at 90 degrees.

## Phase 3 | Initial strengthening (6-12 weeks)

- **Priorities:** Achieve functional ROM and begin controlled strength for daily activity.
- **Protection:** Wean the brace at 6-8 weeks only with adequate motor control. Avoid pain and sudden loading.
- **Therapy focus:** Progress to full ROM by approximately week 8. Begin 1-3 lb resisted elbow flexion, extension, supination, and pronation at about week 8; increase gradually after week 10.
- **Therapy focus:** Continue shoulder and scapular strengthening.

## Phase 4 | Return to function (12 weeks-6 months)

- **Priorities:** Restore endurance, work capacity, and sport-specific strength.
- **Protection:** Heavy lifting and forceful eccentric biceps work require surgeon clearance.
- **Therapy focus:** Begin light upper-extremity weight training around weeks 12-14, then progressive work simulation and sport-specific loading.
- **Therapy focus:** Return requires full pain-free ROM, no tenderness, and strength appropriate for the task.

**GENERAL PROGRESSION RULE** A mild exercise ache that resolves is acceptable. Back down and contact the care team if pain is sharp, swelling increases, motion is lost, gait/mechanics worsen, or symptoms remain elevated the next day.