



Central Indiana Orthopedics

INVESTED IN KEEPING YOU ACTIVE

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DISTAL BICEPS TENDON REPAIR REHABILITATION PROTOCOL

The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation course of a patient that has undergone a distal biceps repair surgery. It is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient please consult with Dr Camilleri.

Please reference the exercise progression sheet for timelines and use the following precautions during your treatments. Thank you for progressing all patients appropriately and please fax all progress notes to Dr. Camilleri's office or hand deliver with the patient. Successful treatment requires a team approach and we value your care for the patient as well as your input. Please contact Dr. Camilleri at any time with your input on how to improve the therapy protocol.



Phases of Rehabilitation:

Phase	Time Period	Brace	Exercise
Maximum Protection Phase	0-1 week	Brace Locked at 90	No Motion
Moderate Protection Phase	1-3 weeks	Brace unlocked 0-135 as patients PROM allows	AAROM Elbow, PROM Elbow and Forearm as tolerated
Minimal Protection Phase	3-6 weeks	Brace D/C when full flexion/extension	AROM biceps
Strengthening Phase	6-12 weeks	NA	Progressive Biceps strengthening
Return to Function Phase	12-16 weeks	NA	Functional Biceps Exercise

Precautions: No lifting, pushing or pulling for at least 8 weeks

Week 1 (Day 1-3)

- Patient in brace locked at 90 degrees
- Stitches removed at 7-10 days post-op
- No elbow ROM

Week 2 (Day 8-14)

- Begin rehabilitation
- Brace unlocked up to 0-135 if patient has available full PROM-Elbow Flexion/Extension
- If patient doesn't have full passive ROM, gradually open brace ROM as patients PROM improves. Start at 30-90, progress to 15-105, then 0-135
- Assess neurovascular integrity
- AA ROM elbow and wrist (teach patient how to use their other arm to perform AAROM)
- Gentle PROM of elbow (Do not force elbow extension)
- Hand gripping exercises
- Wrist AROM
- Shoulder Shrugs
- Scapular Retraction

Week 3 (Day 15-21)

- Wrist isometrics-Flexion/Extension/RD/UD (no pronation or supination)
- Triceps Isometrics with elbow at 90 degrees elbow flexion
- Continue AAROM and PROM of elbow and forearm



Week 4 (Day 22-28)

- Begin AROM of Elbow Flexion/Extension
- Shoulder isometrics (Extension/Abduction/Adduction) with arm at side (no flexion/IR/ER)
- Scapular PNF
- Wrist PRE's for flexion/extension with forearm resting on table
- Triceps multi-angle isometrics at 30-60-90-105
- Begin passive stretching and gentle joint mobilization if patient doesn't have full ROM

Week 5 (Day 29-Day 35)

- Forearm flexibility exercises
- Shoulder PRE's with light weights (Flexion/Scaption/Abduction/ER/Extension)
- Triceps PRE's
- Theraband exercises-Shoulder IR/ER/Row

Week 6 (Day 36-Day 42)

- Elbow Flexion with Forearm in Pronation with Light DB's
- Elbow Flexion with Forearm in Neutral with Light DB's
- Forearm Pronation/Supination PRE's with light DB's

Week 7 (Day 43-Day 49)

- Upper Body Ergometer (UBE)
- Elbow Flexion with Forearm in Supination with Light DB's

Week 8-12

- Gradually increase resistance for all Shoulder and Elbow PRE's

Week 12-16

- Progressive functional and sport specific lifting and exercise