



**Procedure:** Distal biceps repair

**Description of Procedure:** Torn distal biceps is repaired to the radial tuberosity in an onlay, double bundle fashion.

**PT Frequency:** Begin after first postop appt when splint removed (~2 wks), 1-2x wkly for 0-3 mo. Physician/therapist discretion afterwards. Home exercises daily.

**Note:** It is very common for patients to experience lateral antebrachial cutaneous (LABC) nerve distribution (lateral forearm) paresthesias (sensory changes) in the postoperative period. This typically diminishes over a several month period.

	<b>ROM</b>	<b>Brace</b>	<b>Therapeutic Exercises</b>
<b>Phase I: 0-4 wks</b>	<p><b>0-2 weeks:</b> None</p> <p><b>2-3 weeks:</b> 45°-100°</p> <p><b>3-4 weeks:</b> 30°-115°</p>	<p><b>0-2 weeks:</b> Immobilized in splint.</p> <p><b>2-4 weeks:</b> Hinged elbow brace worn day and night, locked 90°. Unlocked for PT and home exercises, PROM and AAROM.</p>	<p>Shoulder Passive, Active Assisted, and Active Range of motion as tolerated all planes.</p> <p>Scapular retraction and shoulder shrugs.</p> <p>Active wrist flexion and extension.</p> <p>Passive supination and pronation stretch.</p> <p>No active elbow flexion or supination.</p> <p>Gripping exercises.</p>
<b>Phase II: 4-12 wks</b>	<p><b>4-6 weeks:</b> 15°-130°</p> <p><b>5-6 weeks:</b> 0°-145° in brace</p> <p><b>6 weeks onward:</b> Full motion Discontinue brace</p>	<p><b>4-6 weeks:</b> Brace on but unlocked when awake and asleep.</p>	<p><b>6 weeks begin:</b> Active elbow flexion and supination. Co-contraction exercises of biceps and triceps.</p> <p><b>8 weeks begin:</b> Light isotonic triceps. Isotonic wrist flexors/extensors. Shoulder rotator cuff and scapular strengthening.</p>

	<b>ROM</b>	<b>Brace</b>	<b>Therapeutic Exercises</b>
<b>Phase III: 3-6 mo</b>	Full	None	Biceps light isotonics progressing 1 pound per week with BFR. Initiate resisted UBE. Begin muscle endurance activities (upper body ergometer) Cycling/running
<b>Phase IV: 6 mo</b>	Full	None	Progressive strengthening as tolerated. Functional progression to athletic activity.

*Typical follow up frequency is 2 wks with mid-level then with Dr. Richards at 4-6 wks, 3 mo, 6 mo, 9 mo, 1 yr, 2 yr, and 5 yr. Long term follow up is kindly requested for data collection. Frequency is subject to change pending patient progress. For distal bicep repairs, RTP is typically ~6 mo. Progression back to sport is dependent on case-by-case basis and determined by Dr. Richards. If significant pain or swelling occurs, patient is expected to stop causative activity and follow up with our office. On call providers are always available.*