

Protocol for:

- **Distal Biceps Repair**

Patient will be placed in splint after surgery.

Upon follow up in office will then be placed into a hinged elbow brace.

Initiate early Controlled Passive Motion

1. In elbow hinge splint, 4-6 x day with 5-10 repetitions at a time, straighten the elbow to the limits of the splint, and then bring elbow passively back into flexion.
2. 4x day, patient instructed with arm supported on pillow, to unfasten straps of elbow hinge splint and perform:
  - a. 10 repetitions passive elbow flexion with the forearm in neutral with active assist extension to the limits of the splint.
  - b. 10 repetitions passive pronation/supination with the elbow in full passive flexion

In splint initiate active shoulder protraction, retraction and shrugs

**3-6 weeks post-op**

Adjust Extension block:

3 weeks	50 degrees
4 weeks	35 degrees
5 weeks	20 degrees
6 weeks	10 degrees

**6 weeks post-op**

Discontinue elbow hinge braces at end of six weeks

Begin active ROM of the elbow, forearm and wrist in all planes

Continue passive elbow flexion if passive flexion is limited

Continue passive pronation/supination. If passive motion is limited, passive pronation/supination can now be performed with the elbow in 90 degrees of flexion.

**7 weeks post-op**

PROM initiated for elbow extension with the forearm in neutral. This may include heat and stretch and gentle extension stretching with 1-3 lb. weight.

**8 weeks post-op**

Begin controlled progressive strengthening program for the elbow, forearm, wrist and hand. **SLOWLY INCREASE WEIGHT.**

If passive elbow extension is limited initiate clinic CPM with forearm in neutral.

If passive pronation/supination is limited initiate serial static/dynamic splinting to improve passive rotation.

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**10 weeks post-op**

Continue progressive strengthening program.

If passive elbow extension is limited initiate serial static or dynamic extension splinting with forearm in neutral.

**12 weeks post-op**

For patients returning to manual labor type jobs, a work conditioning program is recommended 2-3x a week to maximize upper body endurance, strength and initiation of progressive bilateral and unilateral lifting program. **LIFTING IS RESTRICTED TO 20 LBS. UNTIL 16 WEEKS (4 MONTHS POST-OP)**

Manual Labors that need to return to work before 16 weeks post op. lifting precautions of no greater than 20 lbs. and elbow hinge splint is worn locked at 35-45 degrees to prevent eccentric loading of the tendon.

**16 weeks post-op**

May return to all activities with no restrictions