

Distal biceps tendon repair – early mobilization: Salyapongse

This protocol is intended to provide the clinician with a guideline for the postoperative rehabilitation course of a patient who has undergone **a distal biceps tendon repair by Dr. Salyapongse**. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, comorbidities, pre-surgical range of motion, strength, health/functional status, rehabilitation compliance, learning barriers and complications. Specific time frames, restrictions and precautions are given to protect healing tissues and surgical reconstruction.

Postoperative Guidelines

Surgical Indication

(Strong) Repair of distal biceps

Pain and swelling

This procedure can be painful during the recovery period and can cause swelling. It is normal for the elbow crease and around the scar to be swollen 6 months after surgery. Redness does not always indicate infection but a lot of drainage from the wound is usually a sign of infection.

Return to Work

The timeline for returning to work can vary depending on the type of work performed, various accommodations that may be available within your work environment, and any postoperative complications. Your surgeon will discuss the timeline for returning to work after consideration of these factors.

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Phase I (7-14 days after surgery)

Rehabilitation appointments	<ul style="list-style-type: none"> Occupational 1-2x per week or instructed by therapist
Rehabilitation goals and priorities	<ul style="list-style-type: none"> Perform light activities (2lb weight restriction) with hand with elbow supported in sling or forearm supported on pillow or table. Scar management Control edema and pain
Suggested therapeutic exercises	<ul style="list-style-type: none"> Tension free range for all exercises below: Active, active-assisted, or passive range of motion for elbow flexion with forearm in neutral Active, active-assisted, or passive range of motion supination with elbow at 90° degrees of flexion Active, active-assisted range of motion for elbow extension Active, active-assisted range of motion for pronation with elbow at 90 degrees of flexion Shoulder ROM as needed, avoiding excessive extension and abduction of the shoulder
Precautions	<ul style="list-style-type: none"> Sling always except for removing for hygiene and exercises No lifting, pushing, or pulling with involved hand/upper extremity more than 2 pounds.

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Phase II (2 weeks after surgery)

Rehabilitation appointments	<ul style="list-style-type: none">• Occupational therapy 2-4 times per month or as instructed by therapist
Rehabilitation goals and priorities	<ul style="list-style-type: none">• Discontinue sling except for high-risk situations. Perform all activities within 2-pound lifting restriction• Edema management• Scar management
Suggested therapeutic exercises	<ul style="list-style-type: none">• Continue program as above
Precautions	<ul style="list-style-type: none">• No lifting, pushing, or pulling with involved hand/upper extremity more than 2 pounds

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Phase III (6 weeks after surgery)

Rehabilitation appointments	<ul style="list-style-type: none"> Occupational therapy 1-2 times per month or per instructed by therapist
Rehabilitation goals and priorities	<ul style="list-style-type: none"> Perform all activities within 5-pound restriction Scar management Edema management
Suggested therapeutic exercises	<ul style="list-style-type: none"> Progressive resisted exercise program initiated for elbow flexion, extension, supination, and pronation. Focus on low resistance, high repetition for strengthening program. If significant ROM deficits, may consider more aggressive management after consultation with referring surgeon to regain ROM, like static progressive orthosis
Precautions	<ul style="list-style-type: none"> No lifting, pushing, or pulling more than 5 pounds with involved upper extremity

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Phase IV (12-14 weeks post-op)

Rehabilitation appointments	<ul style="list-style-type: none">• As needed
Rehabilitation goals and priorities	<ul style="list-style-type: none">• Full activity and return to leisure/sports
Suggested therapeutic exercises	<ul style="list-style-type: none">• Progressive strengthening as needed per lifestyle

References

Cil, A., Merten, S., Steinmann, S. P. (2008). Immediate active range of motion after modified 2-incision repair in acute distal biceps tendon rupture. *American Journal of Sports Medicine*, 37(1), 130-135. <https://doi.org/10.1177/0363546508323749>

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Sethi, P., Rubin, E., & Radler, K. (2017). Distal biceps tendon ruptures and repairs: current trends. *Current Orthopaedic Practice*

These rehabilitation guidelines were developed collaboratively between UW Health and UnityPoint Health - Meriter Rehabilitation and the UW Health Orthopedic Surgeons.

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