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DISTAL BICEPS ALLOGRAFT RECONSTRUCTION REHABILITATION
(For chronic ruptures)

Phase 1: (0-7 days)

- Immobilization in splint placed in OR at 90º elbow flexion.
- Maintain ROM of uninvolved joints.
- No use of arm while in splint.

Phase 2: (7 days – 6 weeks)

- Edema and scar management
- Protective hinged elbow brace with elbow at 90º. This is used at rest and for protection during ADL's.
- Out of splint, active elbow extension and **passive** elbow flexion through range of motion outlined below:
  - Postop week 2-3: limit 60º to flexion as tolerated
  - Postop week 3-5: limit 30º to flexion as tolerated
  - Postop week 5-6: limit 15º to flexion as tolerated
- Pt can do full **passive** supination.
- Limit passive pronation to 40º for postop weeks 0-2, then gradually progress to full.
- Pronosupination should be performed with elbow at 90º.

Phase 3: (6 weeks – 4-6 months)

- Progression to full AROM in all planes.
- Start AROM of elbow and forearm at 6 weeks postop.
- Start gradual strengthening at 12 weeks postop (1-2 lb. PRE's, with gradual progression using low weight, high repetition progression).
- Typical return to full unrestricted activity at 5-6 months postop, depending on demand and specific activity.

This protocol provides you with general guidelines for the rehabilitation of the patient undergoing allograft reconstruction of a chronic distal biceps rupture.

Specific changes in the program will be made by the physician as appropriate for the individual patient.
Questions regarding the progress of any specific patient are encouraged, and should be directed to Dr. Lervick at **952-456-7111**.