



**TWIN CITIES ORTHOPEDICS**

*Excellence in Research and Education*

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## **DISTAL BICEPS REPAIR REHABILITATION**

### **Phase 1: (0-3 days)**

- Immobilization in sling placed in OR at 90° elbow flexion and neutral forearm rotation.
- Maintain ROM of uninvolved joints.
- No use of arm while in sling.
- Medication:** Indocin SR 75 mg should be taken once daily for the first 10 days following surgery. This is to prevent heterotopic bone formation at the surgical site.

### **Phase 2: (3 days – 6 weeks)**

- Edema and scar management
- Change large bandage applied at time of surgery. Incisions should be covered with light gauze until sutures removed. Continue coverage of limb from hand to upper arm with appropriate diameter tube-grip elastic wrap.
- Protective sling with elbow at 90° and neutral forearm rotation. This is used at rest and for protection during ADL's.
- Out of sling, active elbow extension and **active-assisted** elbow flexion through range of motion outlined below:
  - Postop week 1-3: limit 15° to flexion as tolerated
  - Postop week 4-6: progress gradually to full extension
- Pt can do full **active-assisted** pronation, progress within patient tolerance level.
- Pt can do full **passive** supination.

### **Phase 3: (6 weeks – 4-6 months)**

- Discontinue sling.
- Start full active ROM of elbow and forearm at 6 weeks postop.
- Start gradual strengthening at 10 weeks postop (1-2 lb. PRE's, with gradual progression using low weight, high repetition progression).
- Typical return to full unrestricted activity at 4-6 months postop, depending on demand and specific activity.

This protocol provides you with general guidelines for the rehabilitation of the patient undergoing distal biceps repair using a two incision technique.

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**.