

## Surgical Rehabilitation Protocol Distal Biceps Repair

The following information is to help make your recovery from surgery as smooth and rapid as possible. If you have any questions or concerns, contact the Dr. Mayo's team at the number above. You will have appointments with Dr. Mayo at 2 weeks postop.

### Phase 1: Recovery from Surgery – 0-2 Weeks After Surgery

<b>Goals</b>	<ul style="list-style-type: none"> <li>• Protect the biceps repair and create an environment for optimal healing</li> <li>• Educate patient on rehab progression and precautions</li> <li>• Control pain, swelling and inflammation</li> <li>• Hand, wrist, shoulder range of motion</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• <b>No Isolated Biceps strengthening for 6 weeks</b></li> <li>• <b>Sling:</b> Wear sling for comfort as needed.</li> <li>• <b>Splint:</b> Splint at all times for 2 weeks at 90 degrees of flexion</li> <li>• <b>Weight Bearing:</b> No lifting anything with the operative arm</li> <li>• <b>Range of Motion:</b> Move fingers as well as wrist side to side as tolerated in the splint, gentle shoulder motion</li> <li>• <b>Wound Care:</b> Keep splint on and clean and dry</li> <li>• <b>Call Dr. Mayo if:</b> Worsening pain, numbness, tingling, finger color changes.</li> </ul>
<b>Therapeutic Exercises</b>	<ul style="list-style-type: none"> <li>• <b>Strengthening:</b> None</li> <li>• <b>Conditioning:</b> Stationary bike, walking</li> <li>• <b>Range of motion:</b> None at elbow, shoulder PROM and wrist and hand motion</li> <li>• <b>Modalities:</b> None</li> <li>• <b>Manual Therapy:</b> None</li> </ul>
<b>Home Instructions</b>	<ul style="list-style-type: none"> <li>• <b>Wound Care:</b> Splint in place until 2 week postop visit</li> <li>• <b>Bathing:</b> Showering permitted keeping the splint on, clean, and dry</li> <li>• <b>Driving:</b> You should not drive while your arm is in a splint as your ability to drive safely is reduced.</li> <li>• <b>Sleeping:</b> Sleep in reclining chair or bed as comfortable</li> <li>• <b>Ice and Elevation:</b> Ice for 20 minutes every hour for the first week.</li> <li>• <b>Home Exercise:</b> As instructed by physical therapy daily</li> </ul>
<b>Criteria to Progress</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 2 weeks postoperative</li> <li><input type="checkbox"/> Minimal swelling and pain</li> </ul>



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### Phase 2: Early Motion– 2-6 Weeks After Surgery

<b>Goals</b>	<ul style="list-style-type: none"> <li>Continued protection of healing tissue with slow progression of motion</li> <li>Improve neuromuscular control of shoulder complex</li> <li>Gradually progress PROM without overstressing healing tissue</li> <li>Minimize pain and inflammation (may ice after exercise)</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li><b>Sling:</b> No sling</li> <li><b>Brace:</b> Brace locked at 90 degrees, remove for shower and exercises only</li> <li><b>Weight Bearing:</b> No lifting or pushing</li> <li><b>Range of Motion:</b> <ul style="list-style-type: none"> <li><u>Weeks 2-3:</u> <ul style="list-style-type: none"> <li>PROM into flexion and supination IN BRACE</li> <li>AAROM into extension and pronation IN BRACE</li> <li>IMPORTANT pronation/supination always performed at 90 degrees of flexion</li> <li>Week 2: 60 degrees-full flexion</li> <li>Week 3: 40 degrees -full flexion</li> </ul> </li> <li><u>Weeks 4-6:</u> <ul style="list-style-type: none"> <li>Add AAROM into flexion (not supination) IN BRACE</li> <li>Add grip exercises</li> <li>IMPORTANT pronation/supination always performed at 90 degrees of flexion</li> <li>Week 4: 30 degrees-full flexion</li> <li>Week 5: 20 degrees- full flexion</li> <li>Week 6: brace unlocked, full motion allowed</li> </ul> </li> </ul> </li> <li><b>Call Dr. Mayo if:</b> Any wound concerns</li> </ul>
<b>Therapeutic Exercises</b>	<ul style="list-style-type: none"> <li><b>Strengthening:</b> No biceps strengthening. OK for AAROM elbow no weight. Continue Hand, Wrist, Shoulder ROM, Scapular strengthening, triceps isometrics (week 5)</li> <li><b>Range of motion:</b> As above</li> <li><b>Conditioning:</b> Stationary bike, walking</li> <li><b>Modalities:</b> Per therapist</li> <li><b>Manual Therapy:</b> Scapular mobilization</li> </ul>
<b>Home Instructions</b>	<ul style="list-style-type: none"> <li><b>Driving:</b> No driving until 6 weeks postop as no use of right arm for motion</li> <li><b>Sleeping:</b> In brace locked at 90 degrees</li> <li><b>Ice and Elevation:</b> Ice as needed for pain and swelling after activity</li> <li><b>Home Exercises:</b> Daily, As instructed by physical therapy</li> </ul>
<b>Criteria to Progress</b>	<input type="checkbox"/> Full passive range of motion



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### Phase 3: Active Motion Phase – 6-12 Weeks After Surgery

<b>Goals</b>	<ul style="list-style-type: none"> <li>• Full AROM with normalized mechanics in all planes</li> <li>• Protect surgical repair</li> <li>• Return to ADL's &lt;1 lb</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• <b>Brace:</b> Weeks 6-8: Open brace 20-120. Discontinue brace weeks 8-12</li> <li>• <b>Weight Bearing:</b> No lifting or pushing objects &gt;1 lb</li> <li>• <b>Call Dr. Mayo if:</b> Failure to progress motion</li> </ul>
<b>Therapeutic Exercises</b>	<ul style="list-style-type: none"> <li>• <b>Strengthening:</b> Weeks 8-12: Begin biceps isometrics, active flexion against gravity. Rotator cuff strengthening/deltoid and upper body ergometry (Week 10)</li> <li>• <b>Conditioning:</b> Stationary bike, walking</li> <li>• <b>Modalities:</b> Per therapist</li> </ul>
<b>Home Instructions</b>	<ul style="list-style-type: none"> <li>• <b>Home exercises:</b> Workouts in gym, focus per physical therapist</li> </ul>
<b>Criteria to Progress</b>	<input type="checkbox"/> Full painless AROM

### Phase 4: Strengthening Phase – 12-24 Weeks After Surgery

<b>Goals</b>	<ul style="list-style-type: none"> <li>• Normalize strength and function</li> <li>• Return to all desired activities</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• <b>Brace:</b> None</li> <li>• <b>Weight Bearing:</b> Progress as tolerated</li> <li>• <b>Range of Motion:</b> No restrictions</li> <li>• <b>Call Dr. Mayo if:</b> Failure to progress or regression in motion or strength</li> </ul>
<b>Therapeutic Exercises</b>	<ul style="list-style-type: none"> <li>• <b>Strengthening:</b> Weeks 12-16: Elbow flexion resistive strengthening Weeks 16-24: Progress as tolerated, plyometric and sport specific exercises</li> <li>• <b>Conditioning:</b> Stationary bike, walking, running</li> <li>• <b>Modalities:</b> Per therapist</li> </ul>
<b>Home Instructions</b>	<ul style="list-style-type: none"> <li>• <b>Home exercises:</b> Workouts in gym, focus per physical therapist</li> </ul>
<b>Criteria to Return to Work/Sport</b>	<input type="checkbox"/> Clearance from physician <input type="checkbox"/> Pain free at rest and minimal pain with the work or sport specific activity simulation <input type="checkbox"/> Sufficient ROM and strength with normalized mechanics for the needed activity

