

DISTAL BICEPS TENDON REPAIR

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Patient _____
 DOS _____

	POW 0-2	POW 2-4	POW4-6	POW6-8	POW8-10	POW 10-12+
BRACE	Post-Op immobilization/dressing (usually @90° with FA in neutral)	ROM exercise settings by MD (usually 45-60° to full flexion) Locked @ 90° between exercise sessions Increase extension block by 10° each week		Discontinue per MD		
PROM Elbow		Flexion, from extension block to full	AA/AROM flexion			
PROM Forearm		Supination to tolerance (elbow at 90°)	AA/AROM supination	Goal: FULL AROM pronation		
AROM Forearm		Pronation to tolerance (elbow at 90°)				
AROM Elbow		Extension (to MD prescribed block)	AA/AROM Flexion	Goal: FULL AROM extension		
EXERCISE	Wrist & hand AROM Shoulder AA/AROM – avoiding excessive extension	Continue wrist, hand, shoulder ROM Gripping Submax tricep isometrics Submax shoulder isometrics (brace locked at 90°) HEP 4x a day for ROM	Continue previous Submax mid-range biceps isometrics	Continue previous Light isotonic for wrist flexion/extension and triceps	UBE Multiplanar AROM (i.e. extension with pronation) Light elbow flexion isotonic if isometrics painfree (1-3#)	Progressive strengthening (low weight, high reps): ≤5# to 12 weeks ≤10# at 4 months Limit resistance between full extension and 45° flex as this is weakest range Lifting should be done bilaterally (i.e. box lift)
PRECAUTIONS	Active elbow flexion weaker from 0-45° Pts are cautioned against unrestricted use of arm x 6 months Loss of active flexion between weeks 1-6 can be sign of repair being too stretched. Limit active extension to 60°, decrease HEP to 2-3x day, move brace back to 60° extension block until active flexion recaptured (usually 7-10 days)					Goal: Most restrictions lifted by 6 months Goal: <15% strength difference between surgical and unaffected side
OTHER	Once post op dressing removed, tubagrip for edema control Scar massage after incision healed				If significant ROM deficits check with MD for more aggressive, controlled stretching @ 8 weeks	

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Any Questions? Please contact:
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