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Distal Biceps Repair Rehabilitation Protocol

Weeks 0-2

o Remain in splint; elevate, ice, pain control as needed

Weeks 2-6

- o Goals: prevent stiffness, decrease swelling/inflammation, and protect fixation
- Splint removed and begin wearing hinged elbow brace; wear around the block except for hygiene and when working with therapy
- Brace initially set at 90 degrees to full flexion; increase extension by 10-15 degrees per week; thus goal at 6 weeks is 45 deg to full flexion, goal at 12 weeks 0 deg (fully straight) to full flexion
- Ultimately it is common to have less motion on surgical side, particularly in extension; functional elbow ROM is 30-130 which is the minimal acceptable outcome following surgery
- Okay to begin passive, active-assist, and active supination and pronation
- No weighted elbow flexion or supination until 12 weeks
- Okay for shoulder exercises, scapular strengthening, wrist flexors/extensors, and gripping exercises
- Modalities as needed for muscle stimulation, pain control, swelling control

Weeks 6-12

- Goals: improved swelling and pain, increase ROM
- o Continue to progress ROM, with goal of 0 deg (fully straight) to full flexion by 12 weeks
- Okay to discontinue use of brace once functional ROM obtained (30-130 deg)
- o Continue to progress supination and pronation
- o Continue no weighted elbow flexion or supination until 12 weeks
- Okay for shoulder, scapula, triceps, wrist flexors/extensors, and grip exercises and strengthening
- Emphasize importance of home exercise program
- Modalities as needed for muscle stimulation, pain control, swelling control

• Weeks 12+

- o Goals: strengthening, return to work, sport, and/or pre-injury functional level with minimal to no restrictions
- Begin weighted/resisted biceps program (elbow flexion and supination); begin light with slow progression
- Avoid any sudden, heavy, or dramatic increase in biceps activity
- Work on improving functional/ADL tasks as needed
- Functional/work-specific/sport strengthening and training, if applicable
- Customized HEP to continue once PT/OT is completed

