

Distal Biceps Tendon Repair Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Starting position _____° flexion	Begin advancing at <u> 2 </u> wks	Chronic tear / graft: ☐
Other Precautions:		

Parameters above are patient-specific and supersede the general timeframes below. A **hinged elbow brace replaces the splint at 2 wks. The extension limit begins at the starting position above and advances 15° per week; do not stretch past the current limit.** Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–2	Goals - Protect the repair; control pain/swelling - Maintain shoulder/wrist/hand mobility	Precautions - Splint at the starting position above; no elbow ROM until advancement begins - No resisted flexion or supination; no lifting or weight bearing	Treatment Focus - Shoulder/wrist/hand AROM and grip - Edema control; ice PRN
► Advance to Phase 2 when: wound healed, pain controlled, transitioned to hinged elbow brace.			
Phase 2 Weeks 2–6	Goals - Hinged elbow brace at 2 wks - Advance extension 15° per week - Full flexion and forearm rotation - Full elbow ROM by ≈6–7 wks	Precautions - Brace extension limit: starting position when advancement begins, then 15° more extension each week (e.g., 90° → 75° → 60° → 45° → 30° → 15° → full) - No passive or forced extension past the current limit - No resisted flexion or supination; no lifting or weight bearing If chronic tear/graft: advance 10° per week; never force	Treatment Focus - Active-assisted flexion; gravity-assisted extension to the current limit - Active forearm rotation toward full - Scar and edema management - Shoulder/scapular/grip work
► Advance to Phase 3 when: full or near-full pain-free ROM, extension schedule completed.			
Phase 3 Weeks 6–12	Goals - Maintain full ROM - Begin graded progressive resistance - Build endurance	Precautions - Brace off once full extension is reached - Lifting limit ≈10 lb - No heavy or eccentric biceps/supination loading If chronic tear/graft: progressive loading delayed to 12 wks	Treatment Focus - Graded resistance: biceps, brachialis, triceps, pronation/supination - Endurance work; shoulder/scapular strengthening
► Advance to Phase 4 when: full ROM, light resistance pain-free, strength progressing.			
Phase 4 Weeks 12–24	Goals - Unrestricted lifting at ≈3 months - Return to work (≈3–4 months) and sport (≈6 months)	Precautions - Progress resistance as tolerated; heavy and explosive lifting last If chronic tear/graft: begin loading now; later milestones shift ≈6 wks	Treatment Focus - Progressive resistance exercise - Work-/sport-specific progression - Flexion and supination strength testing vs. contralateral
► Full Release (typically 3–6 months / 12–24 wks): full pain-free ROM, flexion and supination strength approaching contralateral, work-/sport-specific demands met, cleared by physician.			

Special Considerations

- Sudden pain, a pop, new bruising, or loss of supination strength — stop and contact the surgeon

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.