



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

DISTAL BICEPS REPAIR

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date of Surgery:** _____

Procedure: Right / Left Elbow Distal Biceps Tendon Repair

___ Evaluate and Treat

___ Provide patient with home program

Frequency: _____ x/week x _____ weeks

Phase I (0-6 wks): *Period of protection: splint/brace should be worn at all times during this phase (except for hygiene and PT). No active elbow flexion. Therapists may slowly advance elbow extension (and corresponding brace setting) within a tension-free zone.*



Weeks 0-1: No formal PT. Splint without motion.

- Splint/brace used to immobilize elbow at 90 degrees and full supination.
- Home exercises only (gentle wrist and shoulder ROM).

Weeks 1-6: Begin formal PT. Brace with careful progressive motion.

- Brace locked at 90 deg outside of PT and rehab efforts. As below, will be unlocked to allow ROM 30 degrees to full flexion, with extension setting reduced slowly (ie. roughly 10 degrees per week) to match whatever passive, tension-free extension is achieved during therapy sessions (see below). Brace should be worn at all times locked at 90 deg (except for hygiene or PT).
- ROM: Extension: active and gentle passive elbow extension to 30 degrees, advancing as tolerated to a ***tension-free endpoint***. Therapists may slowly reduce the extension block setting on the brace to match the tension-free extension achieved during therapy sessions (ie. if elbow can be passively extended to 20 degrees without tension, brace may be reset to 20 degree extension block after that therapy session). Flexion: ***passive-only*** flexion to tolerance (**NO active flexion**). Passive forearm supination/pronation with elbow at 90 degrees of flexion. Continue shoulder and wrist ROM.
 - Goal: near-full, tension-free elbow and forearm motion by 6 weeks.
- Strengthening: Cuff/periscapular/forearm isometrics in brace, within above motion limits.

Phase II (6-12 wks): *Brace is discontinued, and motion is more aggressively advanced. Still no resisted elbow flexion or lifting with the operative arm.*

- Discontinue brace.
- ROM: Advance active and passive elbow extension to full (if not already achieved). Gentle passive stretching at end-ranges as tolerated. Begin gentle active elbow flexion (gravity only). Continue forearm supination/pronation, shoulder and wrist ROM. Goal: full, tension-free elbow and forearm motion by 9 weeks.
- Strengthening:
 - ***Avoid resisted elbow flexion until 3 months post-op.***
 - Progress cuff/periscapular and forearm isometrics → bands. Only do 3x/week to avoid cuff tendonitis.
 - Modalities as per PT discretion

Phase III (3-6 months): *Begin resisted elbow flexion and progress to sport/occupation-specific rehab.*



- ROM: Unrestricted active and passive stretching at end ranges as tolerated.
- Strengthening/Activities:
 - Continue bands, progressing to light weights (1-5 lbs), 3x/wk.
 - Begin gentle resisted elbow flexion and transition to closed chain upper extremity/forearm strengthening within pain-free limits.
 - Progress to sport-specific/job-specific exercises at 4.5 months.
 - Depending on job requirements, may resume lifting once full-strength achieved and healing adequate (usually by 6 months).

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient ___ would ___ would not benefit from social services.

Date: _____

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