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Post-Operative Physical Therapy
Distal Biceps Repair
Center for Athletic Medicine
Henry Ford Health System

Approved by: Dr. Kolowich, Dr. Lock, Dr. Rill, Dr. Moutzouros, Dr. Makhni

Post-Op:

- Splint at 90° in supination for 1-2 weeks.
- Sleep with sling/brace locked to prevent inadvertent active flexion first 3 weeks.
- Brace: d/c at 6 weeks

Early exercises (weeks 0-3) Do not stress repair into extension.

- Begin Passive ROM – Elbow flexion/extension: 120° to - 30° (avoid 0-30° of extension) or per bracing limits of extension. Put no stress on repair. Limit ROM to patient tolerance. **NO STRETCHING.** Use this ROM restrictions unless otherwise stated by physician.
- Passive ROM supination / pronation, no rotation near endrange extension.
- Begin active extension in available ROM with passive flexion by 2 – 3 weeks (patient can perform in supine or prone where flexion is assisted by gravity). Limit extension to point where tension on repair noted intra-operatively. If no extension stops limit extension to minus 30° of full extension.

Exercises (weeks 3-6)

- Brace may be locked out last 20° of extension per Doctor or pain
- Begin active flexion with no weight
- Isometrics - submax
- Full extension at 6 weeks

Strengthening (weeks 6+)

- Brace/sling: discharged
 - Begin strengthening at 6-8 weeks.
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- Return to vigorous labor/sports at 3-4 months.
 - Continue to strengthen for 1 year.