

Brandon M. Tauberg, M.D.

Orthopaedic Sports Medicine Surgeon

Arthroscopic and Shoulder Surgery

www.brandontaubergmd.com

Distal Biceps Repair Rehab Protocol

	Range of Motion (to brace specifications)	Hinged Brace	Therapeutic Exercises
Phase I Week 1	<ul style="list-style-type: none"> • None • Elbow immobilized 	<ul style="list-style-type: none"> • Splint in neutral at 90° 	<ul style="list-style-type: none"> • Shoulder ROM as needed (avoid excessive extension)
Phase II Week 2-3	<ul style="list-style-type: none"> • Limit motion to active; avoid passive stretching • Active ROM for elbow extension and pronation (with elbow at 90°) 	<ul style="list-style-type: none"> • Worn at all times (including therapy) • Remove for hygiene • Week 2: 45° to full flexion • Week 3: 30° to full flexion 	<ul style="list-style-type: none"> • Avoid supination • Sub-maximal pain free isometrics for triceps and shoulder
Phase III Week 4-5	<ul style="list-style-type: none"> • Initiate active-assisted ROM elbow flexion • Continue assisted extension and progress to passive extension ROM • At week 5, may start active ROM elbow flexion and extension 	<ul style="list-style-type: none"> • Worn at all times (<u>except</u> therapy and exercise) • Remove for hygiene • Week 4: 20° to full flexion • Week 5: 10° to full flexion 	<ul style="list-style-type: none"> • Single plane active ROM: elbow flexion, extension, supination, pronation
Week 6-7	<ul style="list-style-type: none"> • Active and passive motion to 0° 	<ul style="list-style-type: none"> • 0° to full elbow flexion • DC brace if adequate motor control 	<ul style="list-style-type: none"> • Sub-maximal pain free biceps isometrics with forearm in neutral • May begin combined motions (i.e. extension with pronation)
Phase IV Week 8-10	<ul style="list-style-type: none"> • Gently advance to tolerance 	<ul style="list-style-type: none"> • None if adequate motor control 	<ul style="list-style-type: none"> • Progressive resisted exercise program initiated for elbow flexion, extension, supination, and pronation • 5lbs x 3 sets of 10 every other day
Phase V Week 11-12	<ul style="list-style-type: none"> • Gently advance to tolerance 	<ul style="list-style-type: none"> • none 	<ul style="list-style-type: none"> • 10lbs x 3 sets of 10 every other day
Phase VI Week 13 – 5 months	<ul style="list-style-type: none"> • Full and pain free 	<ul style="list-style-type: none"> • none 	<ul style="list-style-type: none"> • May add 5 pounds/week if pain free • May begin light upper extremity weight training
Phase VII Over 5 months	<ul style="list-style-type: none"> • Full and pain free 	<ul style="list-style-type: none"> • none 	<ul style="list-style-type: none"> • Return to full activity

- This protocol is to be used as a guide; please use clinical decision-making regarding patient progression based on the individual's progress, exam, and post-operative course. If any questions, please contact Dr. Tauberg.
- ROM restrictions may change depending on repair tension and chronicity of injury. Please refer to patient's prescription for any additional instructions.