



Distal Bicep Tendon Repair Post-Operative Protocol

0-2 Weeks: Maintain elbow splint for 1-2 weeks while your incision heals. Continue to elevate the extremity and use ice for 20 minutes per hour to help decrease swelling. Expect swelling to increase in your hand and it is important to begin finger exercises to decrease swelling and to help prevent finger stiffness.

Passive Exercises are provided below:

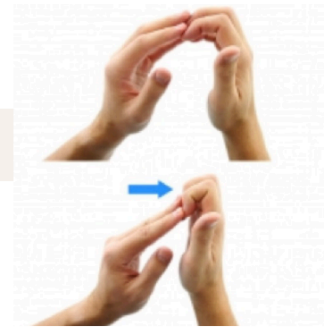
Use your uninjured hand to help push the big knuckles down and the tips of the fingers in toward the palm. If all fingers are stiff, do each individually.

*Hold 30 seconds. Repeat 4 times to each stiff finger.
Do 3 times a day.*








Use your non injured hand to push the affected finger(s) in and back so that only the top two joints bend.

Hold 30 seconds. Repeat 4 times. Do 3 times a day.



Active Exercises are provided below:

Exercise	1	2	3	4	5
Position					
Advice to patient	Straighten your fingers. Keep your wrist straight.	Curl your fingers into a 'hook' fist. Keep your wrist straight.	Make a full fist. Keep your wrist straight.	Make a fist, but keep the tips of each finger straight. Also keep your wrist straight.	Bend your knuckles into a 'table top' position. Keep your wrist straight.

Sourced from: Miller, Lauren, et al. "No difference between two types of exercise after proximal phalangeal fracture fixation: a randomised trial." *Journal of Physiotherapy* 62.1 (2016): 12-19.



Thumb range of motion exercises: Minimum three times per day. You may use your other hand to assist. Begin by touching your thumb to the tip of your pointer finger, then middle, ring, and small finger. Once you can touch the tip of your small finger slide the thumb down the finger towards the palm as far as you can. Hold the stretch for 30 seconds and then release.



Active thumb touches

2-3 Weeks: Your elbow splint will now be changed to a range of motion elbow brace. Initially your range of motion will be locked from 40° to full flexion. You may unlock the brace to perform PASSIVE elbow range of motion exercises 3-5 times per day for 3-5 reps at a time. This means that you should use your other arm to move your operative elbow during exercises as shown.

It may also feel more comfortable to begin exercises when lying on your back which will allow gravity to assist in flexing your elbow as shown below. **Make sure to use your other arm to help straighten and flex your elbow when performing these exercises.**

STEP 1

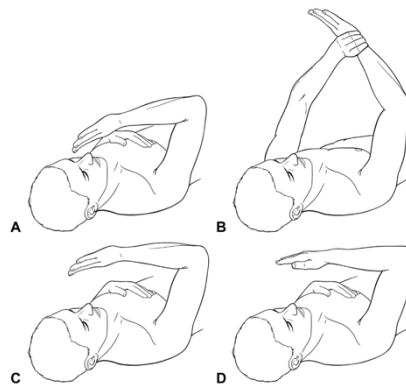
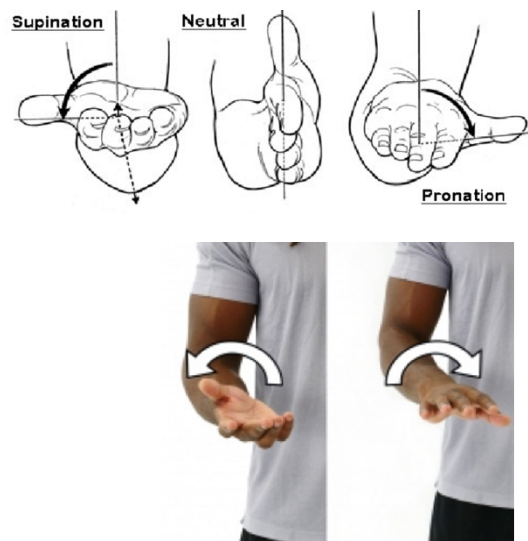


FIGURE 1: Overhead motion exercises. The patient is positioned supine with the shoulder flexed, adducted, and in a neutral to external rotation position, thereby eliminating gravitational varus and distraction forces. In this position, **A** elbow flexion, **B** extension, **C** pronation, and **D** supination motion exercises are performed.



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Pronation/Supination exercises of the elbow should be performed with the elbow in a flexed or bent position. Unlike the image, you should use your non-surgical arm to assist in the rotation. These can be completed 3-5 times per day for 3-5 reps.



Brace Instructions

The red tab at the top should be engaged in the locked position at 40°-80° of elbow flexion (position of comfort) unless you are performing range of motion exercises for the first 6 weeks. The tabs on either side of the dial may be adjusted to allow further motion of the elbow in accordance with the stage of rehab.



3-4 Weeks: Increase elbow extension to 30°

4-5 Weeks: Increase elbow extension to 20°

5-6 Weeks: Increase elbow extension to 10°

6-8 Weeks: At this point, your brace may be unlocked and progressively discontinued with the goal of progressing to full active range of motion of the elbow.



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8-10 Weeks: Continue to progress to full range of motion with special attention to regain full elbow extension

10-12 Weeks: Begin light resistance training as pain allows

3-4 Months: Progressive return to weighted exercises

4-6 Months: Continue strengthening program with a return to sport at 6 months

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