



ELBOW DISTAL BICEPS REPAIR POST-OPERATIVE GUIDELINES

Phase 1: Recovery (Weeks 0-2)

PRECAUTIONS

- Monitor incision for healing/drainage
- No active elbow flexion/supination
- Elbow immobilized per surgeon
- Avoid painful activities

TREATMENT RECOMMENDATIONS

- Patient education
 - Compliance with elbow immobilizer
- Postural awareness
- Scapular protraction, retraction, depression
 - Range of motion (ROM) of shoulder
 - No ROM elbow
- Wrist and hand active range of motion (AROM)
 - No active forearm supination

CRITERIA FOR ADVANCEMENT

- Decreasing discomfort at rest

EMPHASIZE

- Protection of repair
- Independence with elbow immobilizer
- Swelling management



Phase 2: Weeks 3-6

PRECAUTIONS

- No painful activities
- Hinged elbow brace 6-8 weeks
- No resisted elbow flexion/supination
- Progress 10 degrees elbow extension each week
- Do not force extension ROM

TREATMENT RECOMMENDATIONS

- Patient education
 - Compliance with elbow brace
- PROM elbow flexion and supination (with elbow at 90 degrees flexion)
- Active assisted ROM Elbow extension and pronation (with elbow at 90 deg)
- Progress elbow extension ROM 10 degrees each week
 - Do not force ROM but do assess for stiffness
- Shoulder ROM: avoiding extension beyond neutral
- Wrist and hand active range of motion
 - No active forearm supination
- Postural awareness
- Scapular protraction, retraction, depression
- Triceps isometrics
- Shoulder isometrics (abduction, IR, ER, extension)
- Scar mobilization once incision has healed
- Scaption
- Prone row, prone extension

CRITERIA FOR ADVANCEMENT

- No pain at rest
- Full elbow PROM 10 degrees to full elbow flexion

EMPHASIZE

- Swelling management
- Protection of repair
- Independence with elbow brace
- Monitor elbow extension progression



Phase 3: Weeks 7-12

PRECAUTIONS

- Hinged elbow brace should be discharged by 8 weeks if adequate motor control
- No painful activities
- Avoid resisted combined elbow flexion and supination

TREATMENT RECOMMENDATIONS

- Patient education
 - Compliance with elbow immobilizer
- Postural awareness
- Scar mobilization once incision has healed
- Restore full shoulder mobility
- Full ROM of elbow by week 8
- Wrist and hand progressive resisted exercises (PRE)
- Wall slides
- Scapular protraction, retraction, depression
 - Week 8: Begin isotonic PRE at week 8
- Shoulder isotonics
- Triceps isometrics
 - Begin isotonic PRE at week 8
- **Week 6:** Initiate active elbow flexion and forearm supination within available
 - ROM
 - Avoid painful movement
- **Weeks 8-10:** initiate PRE program for elbow flexion, extension, supination, and pronation
- **Week 10:** PRE for elbow flexion and pronation/supination
 - Begin with 1lb and gradually progress strengthening program
- **Weeks 10-12:** initiate upper body ergometer

CRITERIA FOR ADVANCEMENT

- No increased pain or swelling after activity
- Full upper extremity ROM

EMPHASIZE

- Minimize inflammation
- Full elbow ROM
- Independence with home exercise program



Phase 4: Weeks 13-20

PRECAUTIONS

- Avoid pain with therapeutic exercises and functional activities
- Avoid sport activity until adequate strength and surgeon clearance

TREATMENT RECOMMENDATIONS

- Continue AROM of upper extremity
- Progress scapula, shoulder, elbow, forearm, and wrist exercises
 - Week 16: may initiate light weight training (e.g., dumbbell press, chest press, fly's)
- Neuromuscular drills (e.g., rhythmic stabilization with ball on wall, wall dribbles)
- Serratus activation
- Supine punch at 90 degrees and 110 degrees shoulder flexion
- Dynamic hugs
- Begin closed chain exercises progression
 - 16 weeks: initiate push up progression
- 16 weeks: initiate plyometric progression (over a 4-week period)
- Modalities as needed

CRITERIA FOR ADVANCEMENT

- Pain-free at rest and during exercise
- Full shoulder and elbow ROM
- All upper extremity MMT 5/5

EMPHASIZE

- Restoration of full PROM/AROM
- Upper extremity MMT 5/5
- Upper extremity endurance



Phase 5: Weeks 21-Discharge

PRECAUTIONS

- Pain-free with all exercises/activities
- Monitor workload

TREATMENT RECOMMENDATIONS

- Continue with all upper and lower extremity mobility/flexibility exercises
- Continue with advanced shoulder and scapular strengthening exercises
- Continue to advance plyometric exercises
- Initiate sports specific training

CRITERIA FOR RETURN TO PARTICIPATION

- Progress through interval sports program without symptoms

EMPHASIZE

- Restoration of full strength and flexibility
- Restoration of normal neuromuscular function
- Preparation for return to sport specific activity