Distal Biceps Repair		Post-op protocol for Mathew Taylor, M.D. Orthopaedic Surgery & Sports Medicine Clinic
Sling Use:		 Typical scenario – no splint postop (ACE / soft dressing only) *Patient should wear sling for first 2 weeks during ADL's but come out for ROM / deskwork / sleep If patient is splinted post-op, the sling is needed while in a splint (+/- part of brace use)
Passive ROM & Active ROM	Week 1-7	 Patient can perform ball squeezes / wrist & forearm activities for edema control Shoulder motion as tolerated (obvious care with shoulder strengthening so not to engage biceps resistance) Initiate full PROM as tolerated (terminal extension stretch as tolerated - to minimize extension loss) Initiate full AROM (flex, ext, pro, sup) as pain allows (typically start after first week or two based on comfort) NO RESISTANCE; NO LIFTING MORE THAN A DRINK Goals: protect repair, full active ROM
Resistance & Strengthening	Week 8-15	 Start progressive strengthening (flexion / supination) with a 20lb max during these months Continue full shoulder strengthening, elbow extension, and other non-biceps strengthening Goals: Painless ROM, Painless strengthening
Return to Sports	Week 2	Stationary bike, non-free weight LE strengthening Running
	2 Months	Elliptical, free weight LE strengthening (with weight restriction)
	3 Months	Non-contact sports (swimming, tennis, non-contact basketball & soccer, fishing, chipping/putting, short-toss baseball)
	4 months	Unrestricted lifting; Contact sports (full golf, skiing, progressive throwing program)

^{*}Indications for splinting & brace use: non-compliance, chronic / retracted tear, allograft reconstruction

IF NEED A BRACE ... General Range of Motion Progression:

Week 2: 45 degrees to full elbow extension

Week 3: 45 degrees to full flexion

Week 4: 30 degrees to full elbow flexion Week 5: 20 degrees to full elbow flexion

Week 6: 10 degrees to full elbow flexion; full supination-pronation

Week 8: Full ROM of elbow, full supination-pronation