

Distal Biceps Repair Clinical Practice Guideline

General Overview

- Progression is time and criterion-based, depending on soft tissue healing, patient demographics, and clinician evaluation.
- For questions, contact Dr. Sujan Gogu's clinic.

	Phase I Duration : Weeks 0-6
Dr. Jones	<ul style="list-style-type: none"> • Immobilize in 90° flexion, forearm supinated for 2 weeks post-op. • Weeks 2-6: Unlock hinged brace thrice daily for PROM exercises. • Increase PROM by 20° extension every 4-5 days until full 0 degrees extension.
Dr. Bishop	<ul style="list-style-type: none"> • No PROM until the first post-op visit. • No bracing, only PROM until 6 weeks post-op. • Perform ball squeezes for edema control.
At 2 Weeks	<ul style="list-style-type: none"> • Follow physician guidelines for PROM elbow, pronation, and supination. • PROM shoulder flexion, abduction, ER - No extension. • Maintain active scapular stabilizers: Retraction, clocks, PNF. • Shoulder isometrics: Extension, abduction, ER, IR, submaximal flexion.
Goals	<ol style="list-style-type: none"> 1. Protect repair. 2. Minimal to no edema.

 Phase II Duration : Weeks 4-6	
Passive Range of Motion (PROM)	Elbow flexion, supination; shoulder flexion
Assisted Active Range of Motion (AAROM)	<ul style="list-style-type: none"> • Shoulder abduction, ER, IR, extension; progress to AROM by end of week 6 • Start scar tissue mobilizations as necessary • Use putty or finger web for grip strengthening
Goals	<ol style="list-style-type: none"> 1. Achieve at least 75% elbow PROM 2. Tolerate increased elbow extension 3. No edema or worsening with bicep isometrics and range of motion exercises

 Phase III Duration : Weeks 6-8	
Passive Range of Motion (PROM)	<ul style="list-style-type: none"> • Discontinue brace at 6 weeks • Continue to improve elbow extension ROM
Assisted Active Range of Motion (AAROM)	<ul style="list-style-type: none"> • Elbow flexion, supination; shoulder flexion • Start UBE in forward direction using vertical handholds • Prone scapular stabilizing exercises: Retraction, extension, rows, Ts • Avoid loading biceps during rows • Begin submaximal isometrics: Elbow flexion, supination • Rhythmic stabilization: Supine, multi-angle • Side-lying or Theraband ER/IR strengthening

	<ul style="list-style-type: none"> • Strengthening: Triceps and posterior deltoid
Goals	<ol style="list-style-type: none"> 1. Tolerate forearm hanging dependently and extended out of sling 2. Achieve AAROM of elbow from extension to full flexion

	<p>Phase IV</p> <p>Duration : Weeks 8-12</p>
Assisted Active Range of Motion (AAROM)	<ul style="list-style-type: none"> • Elbow flexion, supination (start gravity-assisted, progress to antigravity); shoulder flexion • If lacking extension range, push stretching into extension • Initiate submaximal biceps and shoulder flexion PREs • Progress scapular stability exercises • Upper extremity weight shifts on a table
Goals	<ol style="list-style-type: none"> 1. Achieve 5/5 shoulder flexion, abduction, ER, IR strength 2. Full ROM of elbow in supination and extension 3. No reactive effusion/exacerbation with biceps PREs

	<p>Phase V</p> <p>Duration : Weeks 12-20</p>
Assisted Active Range of Motion (AAROM)	<ul style="list-style-type: none"> • Continue strengthening biceps and surrounding musculature • Progress WB and NWB strengthening activities, integrating functional strengthening • Initiate light plyometrics: Chest pass to rebounder, impulse

<p>Goals</p>	<ol style="list-style-type: none"> 1. Demonstrate 5/5 biceps strength 2. No reactive effusion with unrestricted ADLs 3. If ROM is full, pain-free, and patient tolerates PREs, begin free throwing, ballistic activities, and unrestricted lifting
<p>Criteria to Begin Throwing</p>	<ul style="list-style-type: none"> • Good functional ROM and strength • 65% ER/IR isokinetic strength ratio • No less than 15% difference in functional testing compared bilaterally • Single arm hop: Single arm push-up position, hop to small step and return, performed 5 times quickly • Line test: Push-up position with hands on tape, alternating hand touches, maximal touches in 15 seconds • Biodex/Isokinetic testing: Supination-pronation or elbow flexion-extension within 15% of the uninvolved upper extremity