CRYSTAL CLINIC **Distal Biceps Repair** RTHOPAEDIC CENTER Post-op protocol for *Daniel Myer, M.D.* Typical scenario – no splint postop (ACE / soft dressing only) *Patient should wear sling for first 2 weeks during ADL's Sling Use: --- 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) Patient can perform ball squeezes / wrist & forearm activities for edema control Week 1-7 Shoulder motion as tolerated (obvious care with shoulder Passive ROM strengthening so not to engage biceps resistance) Initiate full PROM as tolerated (terminal extension stretch as Active ROM 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 Start progressive strengthening (flexion / supination) with a 20lb max during these months Resistance & Week 8-15 Continue full shoulder strengthening, elbow extension, and Strengthening other non-biceps strengthening Goals: Painless ROM, Painless strengthening Week 2 Stationary bike, non-free weight LE strengthening Return to 1 Month Running Sports 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)

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

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