OIO Orthopaedic Institute of Ohio
Get well. Get moving again.

Distal Biceps Repair Rehabilitation Protocol

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Phase I – Maximum Protection (0 to 14 Days)

- **Complete Immobilization in 90° Splint**
- Sling For 2 Weeks
- Shoulder pinches and cervical ROM

Phase II – Progressive Stretching and Passive Motion (14 days - 6 Weeks):

14 days to 3 weeks

- Brace 90 degrees to full flexion; remove for therapy
- Begin passive elbow flexion – full range; Passive and active extension to 90 degrees
- Begin active shoulder protraction/retraction

Weeks 3 to 6

- Brace 45 degrees to full flexion; remove for therapy
- Initiate gradual ROM progression with active assisted/passive extension to 0 degrees
- Initiate AA/passive pronation/supination
- Begin prone scapular strengthening series (unweighted)

Phase III – Active Motion (Weeks 6 to 8):

Weeks 6 to 8

- Discontinue brace at 6 weeks
- Begin active range of motion of the elbow and wrist in all planes
- Light resistance rotator cuff and scapular strengthening program; avoid load specific to elbow flexion and supination
- CKC progression beginning with quadruped
- Weighted prone scapular stabilization exercises

Phase IV – Strengthening (Week 8 to 16)

Weeks 8 to 10

- Continue with end range stretching
- Advance RC and scapular strengthening program
- Advance CKC program with push-up progression
- Begin resisted biceps strengthening
- Begin wrist and forearm strengthening all planes

Week 12

- Begin global upper extremity gym strengthening program with gradual weight increase
- Advance intensity of forearm and hand strengthening, including wrist extension
- Initiate Plyometric Drills
    - Plyoball wall drills
    - Double arm rebounder drills progressing to single arm

4-6 months

- Follow-up appointment with physician
- Initiate return to sport program, full return to play 4-6 months post-op