

DISTAL BICEPS REPAIR REHABILITATION PROTOCOL

## Physical Therapy, Strength and Conditioning

### 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

**Weeks 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