

Distal Biceps Tendon Repair

Physiotherapy Protocol

This injury is usually traumatic and if not repaired will result in slightly weaker elbow flexion but greater weakness of supination of the forearm.

Aims of Physiotherapy

- To regain full ROM in the upper limb, especially at the elbow and forearm
- To improve strength in the upper limb, especially around the elbow
- Gentle resisted work / movements can be started at 6 weeks after surgery
- Scar management if necessary

Post operatively

- The elbow is immobilised in a splint for 2 weeks – the elbow is positioned in 90° F
- After the 2 weeks, the patient can mobilise the elbow as pain allows
- No forced elbow extension for 6 weeks

6 weeks post surgery

- The tendon is to be checked at this point to ensure it has not re-ruptured
- If the repair is intact, the patient is discharged and referred to physiotherapy

Return to functional activities

- *Driving* after 3 - 4 weeks or when safe
- *Lifting* if heavy, after 3 months
- *Swimming* breast stroke at 6 weeks, freestyle after 3 months
- *Return to work* light work (no lifting) – as able. Heavy work from 3 months
- *Golf* weeks (but not driving range)
- *Racket sports* sport specific training when comfortable
- Competitive play when able

Consultant Clinic Follow-up 2 weeks post-op