

# Distal Biceps Repair

## Rehabilitation Protocol



# Phase Overview

**Note:** The following protocol is intended as a guide for you and your physiotherapist and some patients may need personal modifications.

Never push through sharp pain and always respect your extension limits.

*Exercises should be repeated 3 x daily*



## Phase 1

Immediate Post-Operative Protection  
(Weeks 0-6)

## Phase 2

Early Mobilisation  
(Weeks 6-12)

## Phase 3

Controlled Strength & Functional Recovery  
(3-6 months)

## Phase 4

Advanced Strength & Return to Activity  
(Beyond 6 months)

# Important Movement Restrictions

- **Individualised Recovery:** Progress depends on degree of initial tendon retraction and time from injury to surgery
- **Gentle Movement:** ROM should be *pain-free and as tolerated* — never force end-range.
- **Team Communication:** Ongoing contact between surgeon, physiotherapist, and patient ensures safe progress.
- **Healing Takes Time:** Tendon-to-bone healing is slow; timelines are guides and may need extending.
- **Protect the Repair:** Avoid jerky, lifting, or pulling movements early; respect healing limits.

# Phase 1

## Immediate Post-Operative Protection

(Weeks 0-6)

**Goals:** Protect the surgical repair and manage swelling. Control pain and swelling. Maintain movement in shoulder and wrist. Keep wound clean and dry until reviewed at 2 weeks.

**Precautions:** Sling at all times for 6 weeks (may be removed for hygiene and exercises). No lifting, pushing, pulling, or leaning on the arm. Avoid resisted elbow flexion or supination. Limit extension to 45deg.

**Progression:** Begin active-assisted shoulder and wrist range of motion immediately post-op. Gradually increase passive elbow range (as pain allows). Focus on reducing swelling and regaining gentle motion

**Functional Drills / Strength / Control:** Perform 3–5 times daily, within comfort

- **Shoulder:** assisted flexion and abduction, scapula control
- **Elbow:** gentle passive and assisted flexion/extension
- **Forearm:** passive pronation/supination – no active supination
- **Hand:** grip and finger range exercises

**Return to Work / Sport:** No sport or lifting activity during this phase. Focus on healing and maintaining mobility in surrounding joints

**Maintenance:** Use ice packs (20 min, 4×/day). Use tubigrip to aid swelling management.

# Phase 2

## Early Mobilisation

**Weeks (7-12)**

**Goals:** Restore full passive and active-assisted elbow motion. Continue protection of the tendon. Maintain pain and swelling control. Prevent shoulder stiffness

**Precautions:** Continue to avoid lifting or weight bearing through the arm. No resisted biceps work or strengthening. Wean the sling.

**Progression:** Transition from assisted to active range as tolerated. Gradually increase elbow extension and flexion. Maintain wrist and hand function. By weeks 9-12 you may consider starting strengthening with lifting limits: 500g (Weeks 9–10), 1kg (Weeks 11–12).

**Functional Drills / Strength / Control:** Active elbow flexion/extension (supported). Active supination/pronation (elbow by side, in sling support). Shoulder mobility and scapular control exercises. Gentle cardiovascular activity (walking, stationary bike — no arm support)

**Return to Work / Sport:** No sport participation. Begin gentle movement only

**Maintenance:** Use cold therapy as needed. Focus on posture, scapula stability, and gentle daily arm use



# Phase 3

## Controlled Strength & Functional Recovery

(3-6 months)

**Goals:** Restore full active elbow and forearm movement. Begin light strengthening. Improve shoulder control and endurance

**Precautions:** Avoid forceful resisted biceps curls or heavy loads

**Progression:** Gradually increase active elbow motion and endurance. Begin submaximal isometric shoulder work (flexion, extension, abduction, rotation). Initiate gentle light weights for elbow flexion and forearm rotation

**Functional Drills / Strength / Control:** Scapula stability and proprioceptive control. Perform 2–3 times daily

- **Elbow:** progressions of 0.5–2.5 kg flexion/extension, supination/pronation
- **Shoulder:** isometrics (wall or doorframe resistance)

**Return to Work / Sport:** Low-intensity non-contact drills (stationary cycling, light cardio). No throwing, racquet sports, or upper-body loading yet

**Maintenance:** Maintain flexibility and postural strength. Focus on symmetrical shoulder movement

# Phase 4

## Advanced Strength & Return to Activity

(Beyond 6 months)

**Goals:** Regain functional arm strength and endurance. Return to work, daily activities, and light sport drills. Develop control in resisted movements

**Precautions:** Avoid sudden or jerky biceps loads.

**Progression:** Progress resistance (weights or Theraband). Begin compound upper-limb patterns (push/pull, diagonal movements). Introduce controlled weight-bearing (e.g. wall push-ups)

**Functional Drills / Strength / Control:** Biceps curl progressions. Shoulder Theraband work (internal/external rotation, flexion, abduction). Scapula retraction with band. Wall push-ups, progressing to bench or knee push-ups

**Return to Work / Sport:** Can return to all contact sports

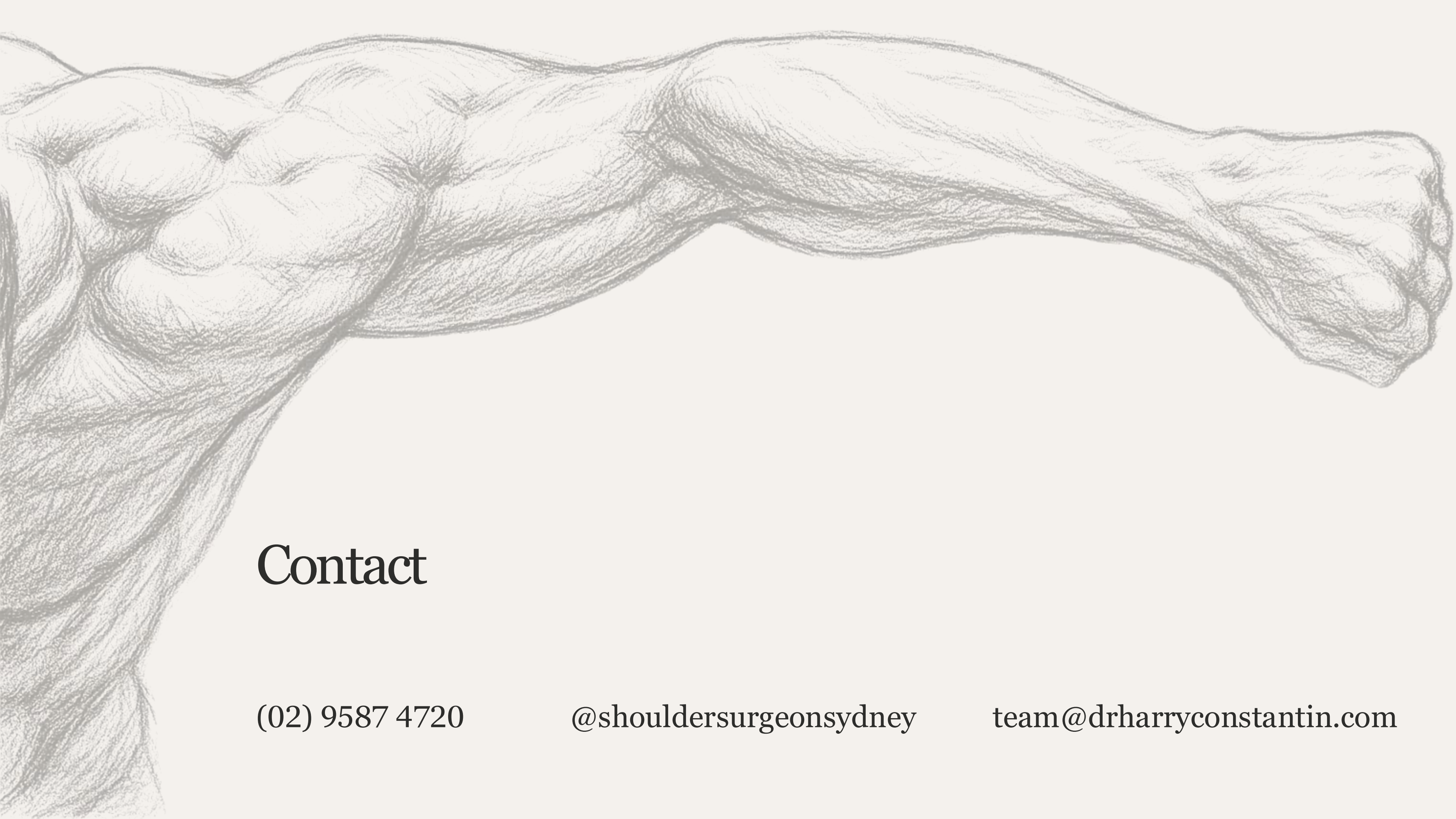
**Maintenance:** Continue daily stretching of elbow and forearm. Maintain upper-body strength and cardiovascular fitness

# Key Principles for your Recovery

- Slow recovery ensures minimising complications
- Avoid pain and sharp sudden movements.
- Focus on control, posture, and gradual progression – not speed.
- Regular physiotherapy reviews ensure safe and steady recovery.







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