

REHABILITATION PROTOCOL

# Distal Biceps Repair

*Your guide to recovery*

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WELCOME

# Your guide to recovery

*following distal biceps repair*

This rehabilitation guide has been carefully developed to support your recovery following surgery and to help you achieve the best possible outcome.

It outlines the recommended rehabilitation pathway, providing guidance for your recovery at home and serving as a resource for you and your physiotherapist throughout the rehabilitation process.

Recovery is a gradual and individual journey. While this protocol provides a structured framework, your rehabilitation may be adjusted according to your specific procedure, progress and goals.

We encourage you to work closely with your physiotherapist and follow the advice provided by Dr Harry Constantin and his team during consultations.

We are committed to supporting you throughout your recovery and helping you return safely and confidently to the activities that matter most to you.



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# Your recovery in *four phases*

This protocol is designed to guide you and your physiotherapist through your recovery. Your treatment may be adjusted to meet your individual needs. Never push through sharp pain, and always keep your exercises within your elbow extension limits. **Repeat your exercises 3 times a day.**

|   |                                           |            |
|---|-------------------------------------------|------------|
| 1 | Immediate Post-Operative Protection       | WEEKS 0-6  |
| 2 | Early Mobilisation                        | WEEKS 7-12 |
| 3 | Controlled Strength & Functional Recovery | 3-6 MONTHS |
| 4 | Advanced Strength & Return to Activity    | 6 MONTHS + |

## Key principles



A slow recovery helps to minimise complications



Avoid pain and sharp, sudden movements



Focus on control, posture and gradual progression – not speed



Regular physiotherapy reviews keep your recovery safe and steady

## Remember

- **Individualised recovery** – progress depends on how far the tendon had retracted and the time from injury to surgery.
- **Gentle movement** – range of motion should be pain-free and as tolerated; never force end range.
- **Team communication** – ongoing contact between Dr Constantin, your physiotherapist and you keeps progress safe.
- **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.

# Protect your tendon repair



## Sling at all times for 6 weeks

It may be removed for hygiene and exercises. Limit elbow extension to 45° – do not fully straighten your elbow.

## Things to avoid



**No lifting, pushing, pulling or leaning on the arm**

Weeks 0–12, apart from the lifting limits below



**No resisted elbow bending or turning the palm up**

Weeks 0–6 – no resisted flexion or supination



**No active supination**

Weeks 0–6 – passive only



**No resisted biceps work**

Until week 9 – then lifting limits apply



**No forceful biceps curls or heavy loads**

3–6 months



**No sudden or jerky biceps loads**

6 months +

## Key milestones

|               |                                                               |
|---------------|---------------------------------------------------------------|
| ○ WEEKS 0–2   | Plaster. Wound review at 2 weeks.                             |
| ○ WEEKS 7–12  | Wean the sling. Move from assisted to active range of motion. |
| ○ WEEKS 9–10  | Lifting limit 500 g.                                          |
| ○ WEEKS 11–12 | Lifting limit 1 kg.                                           |
| ○ 3–6 MONTHS  | Elbow strengthening with 0.5–2.5 kg.                          |
| ○ 6 MONTHS +  | Return to all contact sports.                                 |

# Immediate Post-Operative Protection

WEEKS 0-6

## GOALS

Protect the surgical repair. Control pain and swelling. Maintain movement in the shoulder and wrist. Keep the wound clean and dry until it is reviewed at 2 weeks.

## PRECAUTIONS

- ◆ You will be in a plaster for the first 2 weeks after surgery
- ◆ Sling at all times for 6 weeks – it may be removed for hygiene and exercises
- ◆ No lifting, pushing, pulling or leaning on the arm
- ◆ Avoid resisted elbow bending (flexion) or turning the palm up (supination)
- ◆ Limit elbow extension to 45°

## PROGRESSION

Begin active-assisted shoulder and wrist range of motion immediately after surgery. Gradually increase passive elbow range as pain allows. Focus on reducing swelling and regaining gentle motion.

## STRENGTH & CONTROL

Perform 3–5 times daily, within comfort:

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

## WORK & SPORT

No sport or lifting. Focus on healing and keeping the surrounding joints moving.

## MAINTENANCE

Ice packs for 20 minutes, 4 times a day. Use Tubigrip to help manage swelling.

# Early Mobilisation

WEEKS 7-12

2

**GOALS**

Restore full passive and active-assisted elbow motion. Continue to protect the tendon. Keep pain and swelling under control. Prevent shoulder stiffness.

**PRECAUTIONS**

- ◆ Continue to avoid lifting or weight bearing through the arm
- ◆ No resisted biceps work or strengthening, other than the lifting limits below
- ◆ Wean the sling

**PROGRESSION**

Move from assisted to active range as tolerated. Gradually increase elbow extension and flexion. Maintain wrist and hand function. From weeks 9-12 you may consider strengthening within lifting limits: 500 g (weeks 9-10), then 1 kg (weeks 11-12).

**STRENGTH & CONTROL**

Active elbow flexion and extension (supported). Active supination and pronation (elbow by your side, in sling support). Shoulder mobility and scapula control exercises. Gentle cardiovascular activity (walking, stationary bike – without leaning on the arm).

**WORK & SPORT**

No sport. Gentle movement only.

**MAINTENANCE**

Cold therapy as needed. Focus on posture, scapula stability and gentle daily arm use.

# Controlled Strength & Functional Recovery

3

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). Start gentle light weights for elbow flexion and forearm rotation.

## STRENGTH & CONTROL

Scapula stability and proprioceptive control. Perform 2-3 times daily:

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

## WORK & SPORT

Low-intensity, non-contact exercise (stationary cycling, light cardio). No throwing, racquet sports or upper-body loading yet.

## MAINTENANCE

Maintain flexibility and postural strength. Focus on symmetrical shoulder movement.

# Advanced Strength & Return to Activity

6 MONTHS +

**GOALS**

Regain functional arm strength and endurance. Return to work, daily activities and sport. 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 and diagonal movements). Introduce controlled weight bearing (e.g. wall push-ups).

**STRENGTH & CONTROL**

- Biceps curl progressions
- Shoulder Theraband work (internal and external rotation, flexion, abduction)
- Scapula retraction with a band
- Wall push-ups, progressing to bench or knee push-ups

**WORK & SPORT**

You can return to all contact sports.

**MAINTENANCE**

Continue daily elbow and forearm stretching. Maintain upper-body strength and cardiovascular fitness.

## Questions about your recovery?

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