**Distal Biceps Repair/Reconstruction**

Patient and Physiotherapist information

**Procedure details:** Repairing the distal biceps involves reattaching the tendon to the radial tuberosity, from where it has torn off. For reconstructions, this may include releases, grafts and prolonged rehabilitation.

**Goals of treatment:** The aim of the operation is to achieve elbow function, particularly supination strength in the functional, 90 degree of elbow flexion position. The Biceps assists in elbow flexion, the goal of treatment is to gradually increase the elbow to full range of motion, whilst allowing the tendon to heal and increase elbow function.

A complication of distal biceps surgery is stiffness, this is reduced with early range of motion and surgical techniques.

**Rehabilitation phases:**

This can be used with Dr Drynan’s Shoulder rehabilitation document and videos, accessed via [www.drdaviddrynan.com.au](http://www.drdaviddrynan.com.au) or Youtube – Dr Drynan Orthopaedics or Link: <https://www.youtube.com/channel/UCbig6cNvW11u42tIYHvGl7w>

**Phase**

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| **Phase** | **Time (days)** | **Restrictions** | **Exercises** |
| 1 | 0-10 | In cast for 7-10 days, no resisted or forceful supination | Hand, wrist and shoulder ROM. |
| 2 | 10-42 | Gradual extension.  Weeks 2-4 ROM 30-full flexion  4-6 Rom 0- full flexion  No lifting with operative arm | Active extension to limits  Active assisted flexion  Supination and pronation in full flexion and 90 degrees |
| 3 | 42 days-4 months | No heavy lifting  No gym work  Normal daily activities – dressing, showering etc | Full ROM, PROM, AROM, AAROM  Aim for full extension in pronation by week 8 repair, week 12 for reconstruction.  Nerve glides and CRPS Management  Gradual strengthening after 3 months for repair – 4 ½ months for reconstruction |
| 4 | 4 months onward | Slowly return to gym work and lifting | Return to sport program  Pronator and secondary stabiliser strengthening  Bicep and brachialis strengthening  Continual elbow stretches and ROM. |