450 Broadway St. MC 6120 Redwood City, CA 94063 Ph: 650-723-5643 Fax: 650-723-3429 3801 Miranda Ave. MC Ortho 112 Palo Alto, CA 94304 Ph: 650-493-5000 x66101 Fax: 650-849-1265

## **DISTAL BICEPS TENDON REPAIR PROTOCOL**

Name:	
Diagnosis:	
Date of Surgery:	
Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Wee	ks
Weeks 0-2:	
<ul> <li>Sling use at all times except may remove for exercises and bathing</li> <li>Passive ROM only         <ul> <li>Full flexion to 30 degrees short of full extension</li> <li>Full pronation/supination allowed</li> </ul> </li> <li>Strict non-weight bearing (no resistance)</li> <li>Wrist/shoulder ROM exercises unrestricted</li> </ul>	
Weeks 2-4:	
<ul> <li>Sling use at all times except may remove for exercise and bathing</li> <li>Unrestricted passive ROM without restriction</li> <li>Rotator cuff, deltoid isometrics as needed</li> </ul>	
Weeks 4-6:	
<ul> <li>Transition out of sling</li> <li>Transition to full PROM → AAROM → AROM as tolerated</li> <li>Continue strict non-weight bearing</li> </ul>	
Weeks 6-12:	
<ul> <li>Focus on regaining full active ROM if not done already</li> <li>May begin light (1-2 lbs) resistance training with elbow flexion/supination</li> </ul>	
Weeks 12+:	
Begin gradual elbow flexion/supination strengthening program as tolerated with restrictions	thout
Signature Date:	