

BICEPS TENDON REPAIR THERAPY INSTRUCTIONS

1 week

Brace:

- Remove postoperative dressings and put patient with hinged elbow brace allowing motion from 45 degrees to full flexion.
- A resting long-arm night splint holding the elbow in 90 degrees and wrist in neutral may be fashioned at the therapist's discretion if preferred for sleep.

Motion:

- Begin active elbow extension and passive elbow flexion, as well as active pronation and passive supination within the splint.
- Begin active and passive wrist extension/flexion.

Edema Control:

Per therapist.

2-6 weeks

Brace:

- At 3 weeks, adjust brace to allow motion from 30 degrees to full flexion.
- Allow 10 degrees further extension per week until full extension is reached at 6 weeks.

Motion:

- Continue above exercises, and incorporate single-plane active-assisted elbow flexion and supination within the brace at 3 weeks.

Edema Control:

Per therapist.

6 -10 weeks

Brace:

- Wean brace at 6 weeks.
- Static progressive splinting can be initiated if there is failure to achieve near-symmetric elbow flexion/ extension by 8 weeks.

Motion:

- Continue above exercises.
- Begin passive elbow extension and pronation along with active elbow flexion and supination at 6 weeks. Composite elbow/forearm motions can also be started.

Strengthening:

- Begin forearm strengthening at 6 weeks, and progressive resisted elbow strengthening at 8 weeks. -5 lbs lifting restriction starting at 8 weeks.
- Transition to home-based program by 10 weeks.

10+ weeks

Transition to work- and sport-specific rehab. Light weightlifting (<20lbs) and non-contact sports practice can start at 12 weeks. Moderate weightlifting (<50lbs) and non-contact sports competition or contact sports practice can start at 14-16 weeks. Contact sports competition and unrestricted weightlifting (including plyometrics) can start at 16-20 weeks.