



TEXAS BONE & JOINT

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Dr. Payne Distal Biceps Repair Protocol

The intent of this protocol is to provide the clinician with a guideline of postoperative rehabilitation course. It is not intended to be a substitute for appropriate clinical decision making regarding the progression of a patient's postoperative course. The actual post-surgical physical therapy management must be based on the surgical approach, physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requests assistance in the progression of a patient post-surgery, they should consult Dr. Payne.

Weeks 1-3:

- Splint until first post-op.
- After splint discontinued, patient does not wear brace or splint. Sling for comfort only.
- Advance forearm/elbow ROM - AAROM. Advance as tolerated to AROM within pain-free range.
- Edema control.
- Heat before, ice after sessions.
- Gentle passive end-range stretching.
- Gentle hand, wrist, and shoulder ROM as tolerated.
- Goal: full forearm rotation, full flexion, and 40 degrees of extensions
- Lift nothing heavier than a coffee cup.

Weeks 3-6:

- Advance ROM as tolerated
- Gentle passive end-range stretching
- Edema control, scar massage.
- Heat before, ice after sessions.
- Putty for grip strengthening.
- Goal: Full forearm rotation, full elbow ROM.
- Lift nothing heavier than a coffee cup.

Weeks 6-24:

- Begin light strengthening.
- Begin strengthening exercises for forearm, elbow, and scapular stabilizers. Advance as tolerated.
- Goal: return to heavy weights by 3 mos
- Goal: return to heavy work/sports by 6 mos