BaylorScott&White
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Distal Biceps Tendon Reconstruction

REHABILITATION PROTOCOL

PHASE	RANGE OF MOTION	SPLINT / BRACE	THERAPEUTIC EXERCISE
Phase I **0–1 week** GOAL TO ADVANCE *Swelling controlled*	No elbow motion. Shoulder, wrist and hand motion	Splint at 90° elbow flexion	Grip, finger motion, shoulder motion; ice and elevation. No use of the arm
Phase II **1–6 weeks** GOAL TO ADVANCE *Extension to 15°*	Passive flexion and active extension to the brace limit. Passive palm-up turning to full; palm-down turning to 40° for 2 weeks, then advance. Forearm rotation with elbow at 90°*	Hinged brace locked at 90° for rest and daily activity. Extension limit: 60° (weeks 2-3), 30° (weeks 3-5), 15° (weeks 5-6)	Swelling and scar management, wrist and hand motion. No lifting; no active elbow bending or palm-up turning
Phase III **6–12 weeks** GOAL TO ADVANCE *Full active motion*	Begin active elbow and forearm motion at 6 weeks; progress to full in all planes	Discontinue brace at 6 weeks	Light daily use; shoulder and scapular exercises. No lifting over 1-2 lb
Phase IV **3–6 months** GOAL TO ADVANCE *Pain-free strength progression*	Full	None	Week 12: begin 1-2 lb resistance, low weight and high repetitions; progress gradually
Phase V **6+ months** GOAL TO ADVANCE *Strength ≥90% of other side*	Full without discomfort	None	Return to full unrestricted activity at about 5-6 months; heavy lifting and sport per physician**

NOTES

*A graft heals more slowly than a direct repair; the elbow straightens gradually to avoid stretching it

**If approved by physician

This protocol is a guideline. Your surgeon may adjust it based on your surgery and progress.
Call the office for fever, wound drainage, calf pain or swelling, or new numbness or tingling.

Questions: 469.800.7200
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