

DISTAL BICEPS TENDON REPAIR / REINSERTION

This injury is usually traumatic and if not repaired will result in weaker elbow flexion and significant weakness of supination of the forearm.

Post operatively

- The elbow is immobilised in a splint for 2 weeks – the elbow is positioned in 90° F
- After the 2 weeks, the patient can mobilise the elbow as pain allows
- No forced elbow extension for 6 weeks

6 weeks post surgery

- The patient attends for review at Consultant's outpatient clinic
- The tendon is to be checked at this point to ensure it has not re - ruptured.
- If the repair is intact, the patient is discharged and referred to physiotherapy

Aims of Physiotherapy

- To regain full ROM in the upper limb, especially at the elbow and forearm
- To improve strength in the upper limb, especially around the elbow.
- Gentle resisted work / movements can be started at 6 weeks after surgery.
- Scar management if necessary

Return to functional activities

- *Driving* after 3 - 4 weeks or when safe
- *Lifting* if heavy, after 3 months.
- *Swimming* breast stroke at 6 weeks, freestyle after 3 months.
- *Return to work* light work (no lifting) – as able
heavy work from 3 months
- *Golf* weeks (but not driving range).
- *Racquet sports* sport specific training when comfortable
competitive play when able.