

# Distal Biceps Repair

## Distal Biceps Rupture Overview and Repair

### What is a Distal Biceps Rupture?

The bicep is the main muscle on the front of the arm that helps you in moving your elbow and revolving your forearm. The muscle connects to the forearm bone through a tendon, which functions as a rope at the end of the muscle. A distal biceps rupture is a tear of the tendon from the forearm bone. Because the bicep muscle is responsible for strength and rotating the forearm (for completing simple tasks like twisting a doorknob), ruptures can result in weakness, discomfort, and a disruption to daily life.

### What Causes a Distal Bicep Rupture?

Over a period of time, if the bicep is injured, the biceps tendon can become frail, which is called tendonosis. Alarmingly, tendonosis of the biceps tendon can either be pain-free or can cause dull or sharp pain in the area of the inflamed tendon just past the front of the elbow in your forearm. This can lead to partial tendon tears or a complete tendon rupture. Biceps rupture can often happen without any warning. Usually, a biceps rupture happens when you are lifting heavy objects repeatedly or with the forceful straightening of the elbow to lift an object. A distal biceps rupture is more common in middle-aged males and only accounts for 3% of all bicep tendon ruptures.

### What are the Symptoms of a Distal Biceps Rupture?

A biceps rupture mainly happens when the tendon tears away from the forearm bones. You may feel a pop or tearing impact in the front of the elbow which can be very excruciating. The common symptoms include constant pain, swelling, bruising, a warm sensation in the elbow, and sometimes muscle spasms. The elbow will usually resume functioning after a biceps rupture because of the additional muscles that can perform part of the body's job. However, your range of motion will be restricted or limited.

### How a Distal Biceps Rupture is Treated

If your biceps tendon ruptures fully, it will not grow back to your bone. You should seek professional medical treatment as soon as possible! Surgery is the ideal option for repairing the rupture. Below, you will find more information regarding the recovery period for distal biceps rupture surgery. If you delay seeking care for your distal biceps rupture, it may become a bigger issue to restore or might become permanent. It is important to take scar tissue surrounding the tendon into consideration as well, which will be addressed when you receive treatment right away. Your doctor will be able to accurately diagnose your distal biceps rupture with an ultrasound or an MRI.

### Distal Bicep Rupture Care in Chicago

A distal bicep rupture, if left untreated, you may experience limited function of your bicep muscle and suffer from chronic pain. Pursue care straightaway with Dr. Roger Chams! Dr. Chams is a board-certified orthopedic surgeon here to deliver education and comfort for all of his patients. With all-encompassing knowledge and expertise in restoring a distal biceps rupture and convenient locations accessible across Chicago, Dr. Chams can assist you! Contact us today to schedule a consultation or to learn more about the services we provide.

This protocol is intended to be a general outline only. The physician reserves the right to either advance or delay this protocol as deemed necessary. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form given to the patient on the day of surgery.

## **0-2 Weeks Post-Op: General Guidelines**

- Patient will be in rigid cast at 90 degrees elbow flexion for two weeks.

### **Stage I: (Week 2-6):**

- Rigid cast removed
- Patient fit with IROM elbow brace/sling, to be worn at all times except bathing. Brace locked at 90 degrees flexion for four weeks.
- No formal physical therapy during this time.

### **Stage II: (Week 6-12) Patient seen 2 x / week**

**Precautions: No full elbow extension stretch until 12 weeks post-op**

**No active biceps strengthening. IROM worn as per MD orders.**

- Begin elbow ROM exercises: full gradual passive flexion allowed within patient tolerance
- Elbow ext PROM to progress as follows:
  - Week 6: PROM to -70 degrees
  - Week 7: PROM to -60 degrees
  - Week 8: PROM to -50 degrees
  - Week 9 PROM to -40 degrees,
- **Full elbow extension achieved by approximately 12 weeks post-op.**

### **Stage III: (Week 12-16) Patient seen 1x / week**

**Full elbow AROM and PROM should be achieved.**

**No active biceps resistance.**

- Begin AROM bicep activity without resistance
- Light triceps strengthening without biceps involvement
- Open-chain rotator cuff strengthening can begin without biceps involvement

### **Final Stage: (Week 16 to 6 Months Post-Op): Patient seen as needed**

Goals for Discharge: Full strength of biceps, shoulder musculature

- Gradual weight/theraband resistance training for biceps
- Closed-chain and co-contraction shoulder strengthening
- Gradual introduction of throwing activities and plyometrics as authorized per MD.