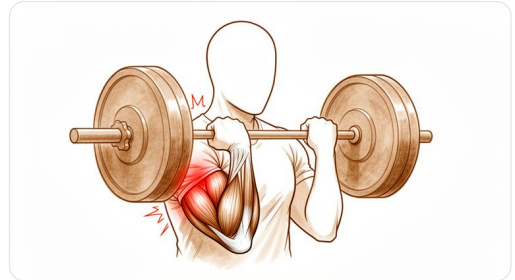


Distal Biceps Tendon Repair



The distal biceps tendon re-attached to its bony footprint on the radius at the elbow.

Kieran Hirpara 4.0

This protocol guides your recovery after surgical repair of a ruptured distal biceps tendon with Dr Kieran Hirpara at Mater Private Hospital Rockhampton. It begins with your home exercise program, followed by the structured clinical protocol written **for your physiotherapist or hand therapist** – bring this page or its PDF to your first therapy visit so your rehabilitation stays coordinated. Your therapist may adjust the plan depending on how your recovery progresses.

If you have any concerns about your wound after surgery, get in touch with the rooms. It is often helpful to take a photo of the wound and email it for review.

What to expect

The distal biceps tendon is the cord that anchors your biceps muscle to the radius bone just below the front of the elbow. When it ruptures it is reattached to its bony footprint on the radius. Dr Hirpara repairs it using a **cortical button** – a small, strong fixation that holds the tendon firmly against the bone while it heals back on.

Because this is a strong repair, the recovery is built around **comfortable early movement rather than rigid immobilisation**. You will wear a **simple sling for about 6 weeks** – not a hinged elbow brace – and you are encouraged to move the elbow through its full comfortable range from day one, including straightening it out. Early movement keeps the elbow from going stiff, which is one of the main problems after this operation.

The strength of the repair is deliberately spent on allowing this early *movement* – it is **not** used as a licence to lift early. The tendon still has to knit biologically back onto the bone, and that healing is what protects you from re-rupture. For that reason, **loading the arm – lifting, gripping hard and resisted strengthening – is held back until about 4 months**, then introduced lightly and built up gradually. The sling is mainly for comfort and as a reminder not to use the arm heavily; it comes off for your exercises and for washing.

For wound, swelling and scar management, see the practice's [wound care](#) guidance.

Precautions and limitations

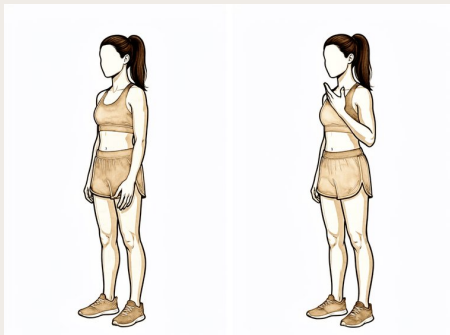
Do

- Move your elbow, forearm, wrist and hand through their full comfortable range from day one – bending, straightening and rotating the forearm.
- Take the sling off for your exercises and for hygiene; wear it for comfort and protection the rest of the time for about 6 weeks.
- Use the arm for very light everyday tasks (eating, light self-care) within comfort.

Do not

- Do not lift, carry, grip hard or do any resisted strengthening with the operated arm until you are cleared at about 4 months – this is the single most important precaution.
- Do not force a sudden, sharp straightening of the elbow against a load, and avoid forced or jerky movements.
- Do not stretch your shoulder back into hyperextension early, as this pulls on the healing wound at the front of the elbow.

Your exercises

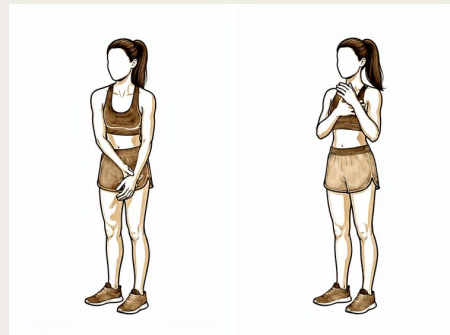


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Elbow bend and straighten (to comfort)

With your palm facing up, gently bend your elbow up towards your shoulder as far as is comfortable, then slowly straighten it back down as far as is comfortable. There is no limit on how far you move – let comfort be your guide and move smoothly. Keep your upper arm resting at your side.

10 times, 3–4 times a day

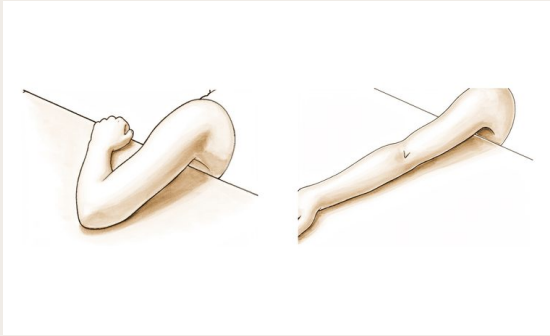


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Assisted elbow bend

Let the operated arm relax completely, then use your other hand to gently bend the elbow up towards your shoulder. You are not pulling with the operated arm – the other hand does the work. This keeps the elbow supple in the early weeks.

10 times, 3–4 times a day

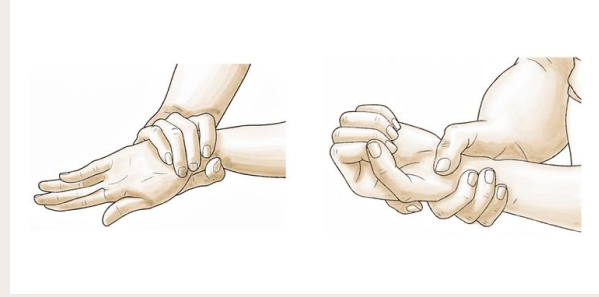


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Elbow straightening (to comfort)

Slowly straighten your elbow down to a comfortable position and then bend it back up. Full straightening is allowed as comfort permits — there is no need to block or hold back the straightening direction. Move gently and avoid any sudden or forced movements.

10 times, 3–4 times a day

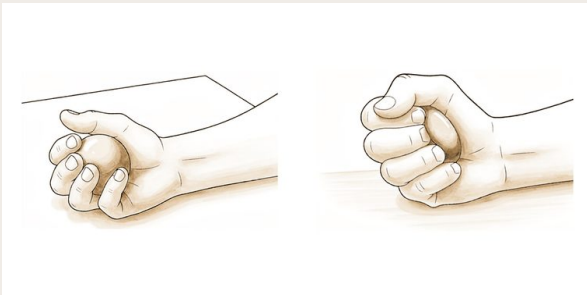


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Forearm rotation (palm up / palm down)

Tuck your elbow into your side and bend it to about a right angle. Gently turn your palm up towards the ceiling, hold for a moment, then turn it down towards the floor. Keep the elbow tucked in so the movement comes from the forearm, not the shoulder.

10 times each direction, 3–4 times a day

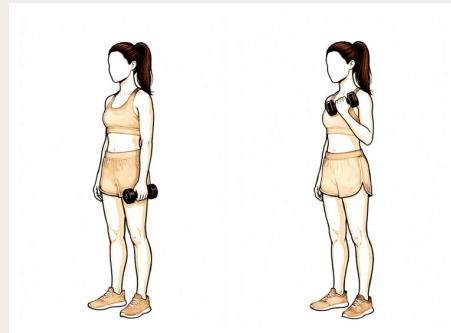


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Hand, wrist and grip movement

Keep your hand and fingers moving from the start. Open your hand wide, then make a gentle fist and release. Move your wrist up and down too. This keeps the hand supple and prevents stiffness and swelling while the elbow heals.

10–15 times, several times a day

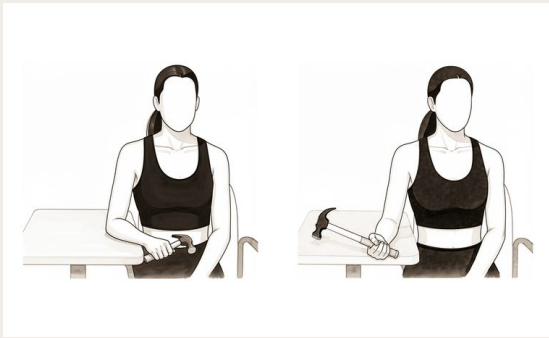


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Resisted biceps curl (from about 4 months)

Begin **ONLY** once Dr Hirpara or your therapist has cleared you to start loading (from about 4 months). With your palm facing up, hold a light weight and slowly curl it up towards your shoulder, then lower under control. Start very light and add resistance gradually over the following weeks.

10–15 times, building up gradually once cleared



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Resisted forearm rotation (from about 4 months)

Begin **ONLY** once you have been cleared to start loading (from about 4 months). With your elbow tucked in, turn your palm up against the light resistance of a band or a light weight held at one end, then return under control. This rebuilds the twisting (supination) strength the biceps provides. Start light and progress gradually.

10–15 times, building up gradually once cleared

These are the exercises from your handout for keeping your elbow, forearm and hand moving in the early weeks. Take the sling off to do them. Move only as far as is comfortable, and start them as guided by Dr Hirpara and your therapist. The two strengthening exercises are introduced later – only once you have been cleared to begin loading at around 4 months.

Your clinical protocol

The rest of this page is the clinical protocol for rehabilitation after a cortical-button distal biceps tendon repair. This section is to be provided to your physiotherapist or hand therapist, and each phase below opens with a plain-English explanation of what is happening.

The guiding principle is **early comfortable motion with delayed loading**: the cortical-button construct is strong enough to permit unrestricted movement from day one, so there is **no hinged brace and no extension block**. The construct's strength is used to prevent stiffness, not to justify early loading – resisted strengthening and lifting are deliberately deferred to protect tendon-to-bone healing and minimise re-rupture.

PHASE I – PROTECTED COMFORT MOTION (WEEK 0 → 6)

A simple sling is worn for comfort and as a reminder against heavy use; it is removed for exercises and hygiene. The aim is to maintain comfortable, near-full range of motion while protecting the repair from any load.

For your physiotherapist:

- **Immobilisation:** Simple sling for 6 weeks, off for exercises and hygiene. **No hinged brace; no extension block.**

CQ HAND + UPPER LIMB

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- **Range of motion:** All motion as comfort allows from day 1 – active and passive elbow flexion, extension and forearm rotation. No arc restriction and no extension block.
- **Goals:** Maintain comfortable full range of motion; protect the repair from load; keep the hand, wrist and shoulder mobile.
- **Exercises:** Active elbow flexion/extension to comfort; assisted (passive) elbow flexion; forearm pronation/supination active range with the elbow tucked at the side; hand, wrist and grip movement; scapular and shoulder range of motion. **No resisted biceps or supination loading.**
- **Precautions:** No lifting, gripping or resisted strengthening; avoid sudden forced eccentric extension against load; avoid shoulder hyperextension.
- **Criteria to progress:** Wound healed, comfortable near-full range of motion, out of the sling at 6 weeks.

PHASE II – FULL MOTION, UNLOADED (WEEK 6 → ~4 MONTHS)

The sling is discontinued. The arm is used freely for light everyday tasks, but **without resisted loading or lifting** – the tendon is still maturing onto bone, and this is the window where caution against load matters most even though motion is safe.

For your physiotherapist:

- **Goals:** Full symmetric pain-free range of motion; normal light functional use of the hand and arm.
- **Range of motion / use:** Full motion as comfort allows; everyday light use without resisted loading or lifting.
- **Exercises:** Continue range-of-motion work; hand, wrist and grip; scapular and shoulder conditioning. **No resisted biceps or supination loading yet.**
- **Criteria to progress:** Full painless range of motion; wound and repair settled → begin graded loading at about 4 months.

PHASE III – STRENGTHENING AND GRADED LOADING (~4 → 6 MONTHS)

Loading begins. Light resisted strengthening for elbow flexion and forearm supination is introduced and progressed gradually towards functional, then job- or sport-specific demands.

For your physiotherapist:

- **Goals:** Rebuild flexion and supination strength; return to work and sport.
- **Exercises:** Start **light** resisted strengthening and lifting at about 4 months; progress gradually (isotonic curls and resisted supination → functional patterns → job- and sport-specific loading).
- **Criteria to progress:** Pain-free resisted flexion and supination; strength approaching the other side.

Getting back to work and activity

In the first 6 weeks, expect to use the arm only for light, comfortable everyday tasks with the sling on for protection. Light desk-based or one-handed duties are often possible early; heavier or two-handed manual work waits until loading has begun and built up.

The key milestones are:

- **No lifting and no resisted loading in the early months** – this is deliberate, to let the tendon heal onto the bone.
- **Light lifting and strengthening from about 4 months**, started gently and progressed week by week.
- **Unrestricted activity and return to sport at about 6 months**, once the criteria are met: full painless range of motion, strength at least 90–100% of the other side, and tolerance of the specific demands of your job or sport.

You must not drive while you are wearing the sling. Driving resumes once you are out of the sling and can comfortably and safely control the vehicle, as confirmed at your review. Always follow Dr Hirpara's specific advice, as timings can vary with the demands of your work and sport.

After your protocol

This protocol works alongside the practice's general recovery advice – see [managing post-operative pain](#) and [wound care](#). The phased plan above is consistent with published evidence on rehabilitation after distal biceps tendon repair, and your ongoing recovery is guided individually by your physiotherapist or hand therapist according to how your elbow progresses.