

Distal Biceps Endobutton Repair

Dr. Bear

Surgical Procedure:

- An incision is made in the antecubital fossa. The distal biceps tendon is identified, debrided, and mobilized from any adhesions. Sutures are placed through the tendon and used to secure an Endo-Button® fixation device to the distal biceps. A hole is drilled through the radius near the Endo-Button® and tendon are passed through the hole. Once the fixation is noted the skin is re-approximated with sutures. The patient is placed in a long arm surgical dressing at ~90°

3-6 days post-op

- The bulky compressive dressing is removed. A light compressive dressing is applied above and below the elbow for edema control.
- A posterior long arm orthosis is fabricated, positioning the elbow in 75 degrees of flexion, the forearm in supination, and the wrist in neutral.
- Begin HEP:
 - Passive elbow flexion/active elbow extension (30 degree extension block)
 - Passive forearm supination/active forearm pronation (elbow flexed 90 degrees)
 - Wrist/digital A/PROM

3 weeks post-op

- Suture removal
 - Begin scar mobilization
 - Introduce modalities for scar/edema management

5 weeks post-op

- Begin full AROM (elbow flexion/forearm supination included)
- Discontinue 30 degree extension block; full ROM allowed
- May begin weaning out of orthosis in controlled environments

6 weeks post-op

- Discontinue orthosis use
- Can begin functional tasks with a 5 lb weight restriction

10 weeks post-op

- Begin strengthening

Adapted From:

1) Diagnosis and Treatment Manual for Physicians and Therapists (The Hand Rehabilitation Center of Indiana, 2001)

2) Consultation with Dr. Brian Bear, MD at OrthoIllinois

Initiation Date: 3-16-2020 Revised Date: 7-5-2023
324 Roxbury Road * Rockford, IL * Phone (815) 484-6990 * Fax (815) 484-6961