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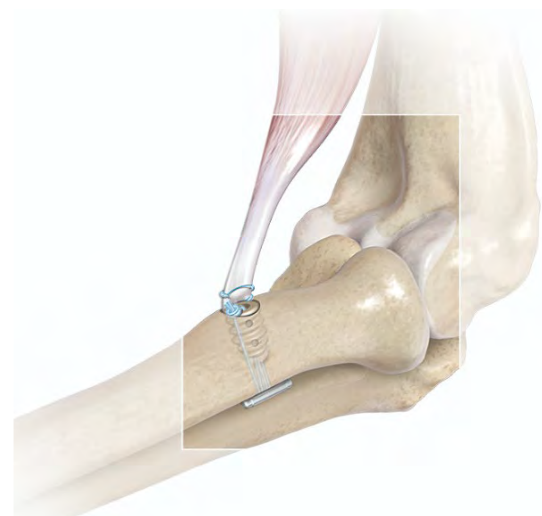
Distal biceps tendon repair – advice and exercises

This leaflet gives information, advice and exercises following surgery to repair a rupture of the distal biceps tendon. If there is anything you don't understand or if you have any questions, please ask your physiotherapist.

Distal biceps tendon injury

The biceps is the large muscle at the front of the upper arm that bends the elbow and rotates the forearm. The biceps muscle has two tendons that attach the muscle to the shoulder (proximal tendon) and one tendon that attaches at the elbow – the distal tendon. The distal tendon attaches to the radius bone in the forearm. Over time, this tendon can weaken and can suddenly rupture – often during heavy lifting.

A tear or rupture, may cause a popping sensation, pain, warmth, bruising and swelling near the elbow. In most ruptures, the muscle retracts upward, creating a bulge known as the 'Popeye sign'.



Distal Biceps Repair (Image courtesy of Arthrex)

What are the treatment options for biceps tendon tears/rupture?

Treatment depends on the severity of the injury and the patient's activity level, and includes non-surgical and surgical options. Non-surgical (or conservative) treatment for partial tears or less active individuals includes rest, anti-inflammatory medication and physiotherapy. An operation is usually recommended for complete ruptures or active individuals to restore strength.

The operation

During the operation, which is done under a general anaesthetic, a small anchoring device called an endo button is used to reattach the distal biceps tendon to the forearm bone. This is done via an incision made near the elbow where the tendon normally attaches. In some cases, a second incision higher up the arm is needed to locate the retracted tendon. The tendon is then stitched to the button, which is then passed through a tunnel drilled into the bone. Once this is in place, the button is flipped to secure the tendon against the bone. Your body naturally heals around the repair over time, forming scar tissue that helps reinforce the connection.

What to expect after surgery

- **Pain:** It is important that you continue to take the painkillers as advised by the hospital, to ensure you are as comfortable as possible. If you have any problems with the painkillers or find the ones you have been given are not effective, you will need to contact your GP for advice. If you run out and need a further supply, please ask your GP for a further prescription.
  Ice packs may also help reduce the pain; you can do this by wrapping frozen peas / crushed ice in a damp, cold tea towel and placing it on the elbow for up to 10 minutes at a time, making sure the wound is covered with something waterproof, e.g. cling-film until healed. You can repeat this as many times as needed throughout the day, but allow at least 30 minutes between each ice pack.
- **Numbness:** Numbness after this surgery is common and is usually due to stretching or irritation of sensory nerves such as the Lateral Antebrachial Cutaneous Nerve (LACN). This numbness, which affects the sensation on the forearm or hand, is typically temporary and improves within weeks to months. Less commonly, numbness and weakness can result from injury to the Posterior Interosseous Nerve (PIN).
- **Wearing a sling:** You will return from theatre wearing a sling; this is worn for approximately 1-2 weeks and your physiotherapist will advise you when to stop using it. The sling needs to be worn both day and night, so initially you will only remove the sling for specific exercises and to wash or dress. It can be worn over the top of clothing to allow you to dress normally. The physiotherapist will advise you on how to loosen the sling for the exercises and the easiest way to self-care.
- **Hygiene:** You may need assistance to wash and dress, so it is advisable to try and organise some help from family and friends in readiness for your discharge home. Your physiotherapist will show you the easiest way to self-care.
- **Wound care:** Keep the wound dry until it is healed; this normally takes 10-14 days. Your stitches may be dissolvable or may need to be removed by your GP practice nurse at 10-14 days post-op. Your surgeon and post-operative nurse will let you know what type of stitches you have had. The wound will be covered with a waterproof dressing and this should remain on until you see your practice nurse, unless advised otherwise.
  If the wound changes in appearance, weeps fluid or pus, or you feel unwell with a high temperature, contact your GP or out of hours 111.

Follow up

You will be referred to your local physiotherapy department for further rehabilitation to start 2 weeks after the operation. You will also be reviewed in the Orthopaedic Outpatient Department 6 weeks after the operation, with an x-ray on arrival. The timings of the follow up may sometimes vary for individual cases.

General exercise information

Throughout your rehabilitation you must always be guided by your pain and it is highly likely that initially you will find you are more tired than usual. It is important to ensure you adopt a sensible balance between activity and rest.

Try to do the exercises little and often, spread throughout the day, as you are likely to find this easier and more tolerable than sustained (long) exercise sessions, e.g. 5-10 repetitions of an exercise. Try to ensure you do all the (appropriate) exercises at least a few times a day.

Note: Do not complete any forced elbow straightening, resisted elbow bending or resisted forearm twisting for 6 weeks.

0 – 2 weeks

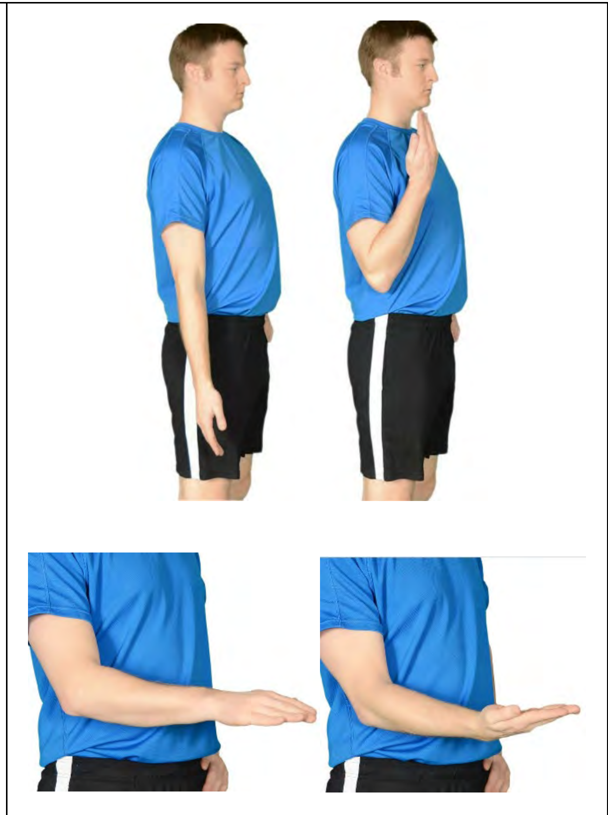
Wrist and hand exercises: Bend the wrist forwards and backwards, then side to side. Circle the wrist in a clockwise and then in an anti-clockwise direction. Squeeze and make a fist. You can use a small ball if you have one.	
Postural awareness: Standing or sitting – Pull the shoulder blades gently back and down, with the chest bone (sternum) naturally coming forwards, as if taking a deep breath in.	

Elbow exercises:

Standing – Bend and straighten the elbow fully, using your good arm to assist if needed.

Standing or sitting – With a bent elbow, turn the forearm over in a clockwise and anti-clockwise direction (palm up, then palm down).

Do not push into stretch, only complete gentle movements



Images courtesy of Arthrex and exercises courtesy of http://simpleset.net

Resuming normal activities

Timings for returning to functional activities are approximate and will differ depending upon the individual. However, the earliest that these activities may commence are:

- **Driving:** Earliest at 3-4 weeks or when safe (the law states you need to be in complete control of your car at all times, it is your responsibility to ensure this).
- **Heavy lifting:** 3+ months.
- **Swimming:** Breaststroke: 6-8 weeks; Freestyle at 3 months.
- **Golf:** From 8 weeks but not driving range.
- **Contact sports:** From 3-6 months (football, martial arts, horse riding, racket sports).
- **Return to work:** Light duties (desk based) as able (no lifting); heavier duties from 3 months. If you have a manual job, you should be guided by your consultant at your follow-up appointment.

Note: These are approximate guidelines only.

Further information

Physiotherapy Outpatient Department (Physiotherapy East)
T: 0118 322 7811 or email RBFT.physiotherapy@nhs.net with questions or concerns

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Orthopaedic Physiotherapy Department, June 2026. Next review due: June 2028.