Distal Biceps Tendon Rupture

Should I have surgery?

Rupture of the distal biceps tendon accounts for 10% of all biceps ruptures. The injuries tend to occur in the elbow of the dominant hand. Men are affected more. The most common age group is 40-49 years old.

The injury occurs when the arm is forced from a flexed position to an extended position. Patients often experience a pop at the time of injury, pain around the front of the elbow, bruising on the inner side of the elbow and change of contour of the arm. Weakness in supination (palm up) and pain are the hallmarks of the injury.

The most sensitive and specific test is the hook test. The surgeon will ask you to actively flex your elbow to 90° and to turn your palm up while the surgeon checks for the biceps tendon. Investigations such as radiographs, ultrasound and MRI are sometimes useful to rule out other injuries and to assess the distance of retraction of the tendon.

Healthy and active persons with distal biceps tendon ruptures may benefit from early surgical repair. This will allow the patients to regain a high level of function after surgery. Ideally, surgical treatment should occur within a few weeks from the date of injury. Further delay may lead to a less favourable outcome.

Results with surgical repair have been superior to nonsurgical treatment in terms of restoring elbow flexion strength (30% improved), supination strength (40% improved), and upper extremity endurance.

Mr Andy SG Ang is an Upper Limb Orthopaedic Surgeon subspecialising in treating distal biceps tendon ruptures.

Speak to us at **Apley Orthopaedics** if you have ruptured your distal biceps tendon. Please contact our Melbourne Clinic (03) 70 234 234 or visit www.apley.com.au

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