

Triceps Tendon Repair Rehab Protocol

The purpose of this protocol is to work collaboratively with the clinician and provide a guideline for the postoperative rehabilitation course of a patient that has undergone a distal triceps tendon repair. This protocol is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient, they should not hesitate to consult with the referring surgeon.

Phase I: First 12 weeks of therapy (begins week 2-4 post-op)

- Patient education on brace use (locking and unlocking, and setting dial)
- No elbow flexion stretch until at least 8-10 weeks post-operatively
- Elbow EXTENSION range of motion
 - o Full gradual passive extension to patient tolerance
 - o Should achieve full elbow extension by approximately 8 weeks post-op
- Elbow FLEXION range of motion
 - o Weeks 2-4 post-op: PROM to 30 degrees
 - o Weeks 4-5 post-op: PROM to 50 degrees
 - o Weeks 5-6 post-op: PROM to 70 degrees
 - o Weeks 6-7 post-op: PROM to 90 degrees
 - o Weeks 7-8 post-op: PROM to 110 degrees
 - o Weeks 8-12 post-op: PROM to 130 degrees
- Begin AROM biceps within achieved PROM range
- May discontinue elbow brace when tension-free full ROM is achieved

GOAL: Gentle increase of passive range of motion

Phase II: Weeks 12-16 of therapy

- Increase range of motion to tolerance
- No triceps resistance until 16 weeks post-operatively

GOAL: Achieve full active range of motion

Phase III: Beyond 16 weeks of therapy

- Full elbow range of motion, return to normal ADLs
- May begin gradual strengthening of the triceps
 - o Start with mid-range isometrics--> isotonic--> concentric--> eccentric muscle contractions
- Open and closed chain shoulder strengthening
- Gradual introduction of throwing and sport activities as authorized by surgeon

GOAL: Better triceps strength, function

NOTE: If you have any questions or concerns regarding any of the phases or advancements in this protocol, <u>please do not hesitate to contact our office at 781-337-5555.</u>



Kocialkowski C, Carter R, Peach C. Triceps tendon rupture: repair and rehabilitation. *Shoulder & Elbow*. 2017;10(1):62-65. doi:10.1177/1758573217706358.

Yeh PC, Stephens KT, Solovyova O, et al. The Distal Triceps Tendon Footprint and a Biomechanical Analysis of 3 Repair Techniques. *The American Journal of Sports Medicine*. 2010;38(5):1025-1033. doi:10.1177/0363546509358319.