



TRICEPS REPAIR REHABILITATION GUIDELINES

Triceps Repair post-op Protocol		Classification: Company Confidential
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INTRODUCTION

The triceps tendon completely or partially ruptures off the forearm bone (ulna) after trauma or injury. With a complete rupture the triceps retracts into the upper arm, causing a deformity and weakness.

A small incision is made behind the elbow, where the triceps should attach into the ulna bone. The retracted triceps tendon is retrieved through the incision. Sometimes another incision higher up the arm may be required to find the tendon. The ulna is prepared to encourage healing, bone anchors and sutures are inserted into the bone as an anchorage for the tendon.

After the surgery a hinged elbow brace is applied with the elbow range restricted to 0-30° flexion. The brace is adjusted gradually to allow more movement. By six weeks you should be able to remove the brace

POST SURGERY

Phase 1 (0 – 3 days)

- Use of hinged-elbow brace for 6 weeks.
- No active use of the arm for the first 3 days (all activities of daily living (ADL's) e.g. feeding, dressing, cooking must be done by the un-operated arm.
- Teach scapulae setting and neck, shoulder, wrist and hand full range of movement exercises as comfortable.
- Refer to Physiotherapy Outpatients within 2 weeks.

Phase 2 (3 days – 6 weeks)

- Advise to use ice and elevation to reduce any swelling (if appropriate)
- Provision of Mayo hinged-elbow brace, locked at 0°. This is worn at rest and for protection during ADL's. The range restriction can be increased alongside progression of range of movement (ROM) below, as comfortable.
- ROM: Out of brace:
 - Active elbow flexion and **passive** (gravity-assisted) ROM for extension as per range below, as comfort allows, **do not force or stretch**:
 - Weeks 3: limit 70° flexion to extension as tolerated.
 - Weeks 4: limit 90° flexion to extension as tolerated.
 - Weeks 6: progress gradually to 100° flex to extension as tolerated.
 - Full active-assisted pronation and supination at position of maximum flexion as comfortable, **do not force or stretch**.
 - Continue shoulder, wrist and hand ROM exercises.

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Phase 3 (7 - 14 weeks)

- Wean out of brace.
- Advise patient to use arm and hand for light activities with no heavy lifting. Including return to normal work (depending on demand and specific activity) as comfortable.
- Introduce active ROM of elbow and forearm. Aim full ROM by 3 months.
- Introduce passive stretching as comfortable.
- Introduce sub-maximal isometrics of triceps and shoulder muscles, gradually progress strengthening as comfortable.
 - No bench, incline or military press until 4 months post-op. Introducing with very low weight and gentle progression of reps.

Phase 4 (3 – 9 Months)

- Progress specific triceps and upper limb strengthening as comfortable.
- Gradual return to sport as comfortable.

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