

Triceps Repair Rehabilitation Protocol

The intent of this protocol is to provide the clinician with a guideline of the postoperative rehabilitation course of a patient that has undergone an arthroscopic Triceps Repair procedure. It is not 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/findings, 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 consult with Dr. Fullick.

Phase 1: (0-3 days)

- Immobilization in hinged elbow brace in OR locked at 30° elbow flexion, and neutral forearm rotation.
- Maintain ROM of uninvolved joints (shoulder, wrist, hand).
- No use of elbow while in brace.

Phase 2: (3 days – 6 weeks)

- Edema and scar management
- Hinged elbow brace locked with elbow at 0°. This is worn at rest and for protection during ADL's.
- Out of brace, active elbow flexion and passive (gravity-assisted) elbow extension through range of motion outlined below:
 - Postop week 2-3: limit 75° flexion to extension as tolerated
 - Postop week 3-5: limit 90° flexion to extension as tolerated
 - Postop week 5-6: progress gradually to 100° flexion to extension as tolerated
 - Discontinue brace at beginning of post op week 5
- Pt can do full active assisted pronosupination at position of max flexion
- Continue shoulder, wrist, hand ROM and isometric exercise

Phase 3: (6 weeks – 4-6 months)

- Start AROM of elbow and forearm at 6 weeks postop.
- Start gradual strengthening at 10 weeks postop (1-2 lb. PRE's, with gradual progression using low weight, high repetition progression).
- No bench, incline, or military press until 4 months postop, and only with very low weight and high repetition progression.
- Continue shoulder, wrist, and hand exercise as above.
- Typical return to full unrestricted activity at 4-6 months postop, depending on demand and specific activity.