

Distal Triceps Repair

This protocol is intended to be a general outline only. The physician reserves the right to either advance or delay this protocol as deemed necessary. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form given to the patient on the day of surgery.

Pre-Op: Patient to be fit with IROM brace in PT clinic or by MD. Brace will be locked to appropriate ROM setting in surgery — to be determined by type of repair. Therapist will be notified of these guidelines and advised on advancement of ROM.

Stage I: (Week 0-6):

No formal physical therapy required.

Stage II: (Week 6 – 12) Patient seen 2 x / week

Precautions: No full elbow flexion stretch until 12 weeks post-op

No active triceps strengthening.

- Begin elbow ROM exercises: full gradual passive extension allowed within patient tolerance
- Elbow flexion PROM to progress as follows:
 - Week 6: PROM to 75 degrees flexion
 - Week 7: PROM to 90 degrees
 - Week 8: PROM to 110 degrees
 - Week 9 PROM to 130 degrees, etc.
- **Full elbow extension achieved by approximately 12 weeks post-op.**
- Begin AROM bicep activity without resistance within above ROM limits.

Stage III: (Week 12-16) Patient seen 1x / week

Full elbow AROM and PROM should be achieved.

No active triceps activity against resistance.

- Begin AROM bicep activity with light resistance
- Open-chain rotator cuff strengthening can begin with light weights

Final Stage: (Week 16 to 6 Months Post-Op): Patient seen as needed

Goals for Discharge: Full strength of biceps, shoulder musculature

- Gradual weight/theraband resistance training for triceps
- Closed-chain and co-contraction shoulder strengthening
- Gradual introduction of throwing activities and plyometrics as authorized per MD.