

Triceps Repair Rehabilitation Guidelines

| Phase 1 Precautions: Maintain postoperative splint for 10-14 days after surgery. Avoid lifting, pushing, pulling or forceful gripping with the surgical arm. Balance relative rest for recovery with appropriate amounts of general activity for health, avoiding fear-avoidance behaviors. | | | |
|---|---|---|---|
| Phase 1: Starts after Surgery | Emphasis on | Orthosis | Exercise |
| 1-2 weeks | <p>Protection</p> <p>Keep the postoperative splint clean and dry</p> <p>Minimize swelling</p> <p>Prevent finger stiffness and loss of motion for the unaffected joints</p> <p>Avoid upper quadrant pain from holding arm in a guarded position</p> | <p>Postoperative splint: long arm/elbow</p> <p>A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises</p> | <p>Elevation</p> <p>NWB of the surgical upper extremity</p> <p>Movement of unaffected joints throughout the day</p> <p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> ● Finger flexion and extension AROM and AAROM for tendon glides ● Active finger ABD/ADD, assisted by lacing fingers with contralateral hand ● If not immobilized, AROM wrist 4-way ● If not contraindicated by a non related shoulder dysfunction: active and active assisted shoulder range of motion through full available motion, glenohumeral ER with scapular retraction ● Forward and backward shoulder circles moving the scapula on the thorax ● Gentle, pain-free cervical AROM to release tension ● Abdominal breaths/deep breathing |

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Phase 2 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical arm. No resistance strengthening through ROM until after 8 weeks post op.

| Phase 2 | Emphasis on | Orthosis | Exercise |
|-----------|---|---|--|
| 2-6 weeks | <p>Postoperative care: 2-week postoperative appointment with the surgical team for wound assessment and suture removal</p> <p>Balance relative rest with appropriate amounts of therapeutic activity for recovery</p> <p>Restore range of motion within precautions for the repair</p> <p>Scar management</p> | <p>*Hinged EO limiting elbow flexion as follows: week 2—45 degrees week 3—60 degrees week 4—90 degrees week 6—120</p> <p>*if hinged EO ROM is in 10 dg increments, increase flexion by 10 dg every 5 days starting at 40 dg at week 2</p> <p>Tubigrip or an ace wrap at the elbow for swelling PRN</p> <p>*Kocalkowski C, Carter R, and Peach C. Triceps tendon rupture: repair and rehabilitation. 2018;10(1) 62-65.</p> | <p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> ● AROM wrist 4-way and forearm rotation ● AROM elbow flexion within the confines of the hinged EO ● Isometric elbow flexion ● Gravity assisted elbow extension ● AROM fingers and thumb ● AROM and AAROM through available shoulder range of motion <p>Scar management activities</p> |

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Phase 3 Precautions: Gradual weaning from orthosis.

Avoid pain when strengthening and when progressing ADL's and functional use of the surgical hand.

| Phase 3 | Emphasis on | Orthosis | Exercise |
|------------|--|--|---|
| 6-12 weeks | <p>Gradual weaning from orthosis</p> <p>Restore full elbow ROM</p> <p>Begin gradual strengthening for functional activities</p> <p>Continue restoration of range of motion, if applicable</p> <p>Scar management including myofascial limitations</p> <p>Encourage progressive functional use of the surgical hand</p> | <p>Discontinue hinged EO as directed by surgeon (typically at 6-8 weeks)</p> | <p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> ● Beginning at 6 weeks: Initiate submaximal isometric elbow extension at varying angles (30, 60, 90 and 120) ● Beginning at 8 weeks: progressive resistance for elbow and wrist strengthening <i>progressing resistance when patient is not experiencing delayed muscle soreness</i> ● Triceps flexibility ● Scapular stabilization and rotator cuff strengthening ● Grip strengthening ● Radial nerve glides <p>Progress ADL's, allowing pain to guide activity</p> <p>Scar management activities</p> |

Note: These instructions are to serve as guidelines and are subject to physician discretion. Actual progress may be faster or slower depending on the individual. Return to work and sport/recreation per surgeon discretion.

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