



**TWIN CITIES ORTHOPEDICS**

*Excellence in Research and Education*

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## **TRICEPS REPAIR REHABILITATION**

### **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
- 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)**

- Discontinue brace.
- 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 mos postop, and only with very low weight and high repetition progression.
- Continue shoulder, wrist, hand exercise as above.
- Typical return to full unrestricted activity at 4-6 months postop, depending on demand and specific activity.

This protocol provides you with general guidelines for the rehabilitation of the patient undergoing triceps tendon repair.

Specific changes in the program will be made by the physician as appropriate for the individual patient.

Questions regarding the progress of any specific patient are encouraged, and should be directed to Dr. Lervick at **952-456-7111**.