

Distal Triceps Tendon Repair

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This protocol was developed for patients who have had a primary repair of the distal triceps tendon. The goal of the rehabilitation is to gradually regain motion in the elbow joint and eventually regain strength. This will be a steady process to allow time to protect tendon healing to the olecranon. Patients with distal triceps tendon ruptures are usually vigorous and active patients that do very well. However, it is important to be sure that patients do not do too much and stress or disrupt the repair. It is important to be aware of the appropriate progression during the post-operative recovery and clearly communicate the goals, expectations and caution with the patient during this process. Distal triceps tendon repairs usually involve a direct tendon to bone (olecranon) repair with either transosseous sutures and/or suture anchors.

Immediately after surgery the elbow is splinted in about 60 degrees of flexion and neutral forearm rotation to relax the repair. This splint is maintained until the first post-operative visit, usually 2 weeks after surgery. At the first post-operative visit the splint and surgical dressing are removed, and the patients are placed in a hinged elbow ROM brace set at 0-90 degrees flexion.

The brace is to be worn at all times, except when doing exercise, dressing or bathing, until the seventh week after surgery. At the first physical therapy evaluation patients should be taught a home exercise program to be performed five times daily.

Weeks 1-6

- Passive self-assisted elbow extension
- Active assisted elbow flexion to 90 degrees x 4 weeks, then may progress to full flexion
- The brace is removed to perform exercises. Elbow extension should not be limited unless specifically indicated
- Each set of stretching exercises should be done for 5 repetitions, holding each repetition for 10 seconds

Week 7

Brace is discontinued

- Begin light active use. No aggressive or repetitious activity
- Continue passive stretching to achieve full range of motion
- Begin active range of motion exercises elbow flexion and extension

Week 12

- Begin progressive resistive strengthening: theraband, theraTube, grip strengthening, and progress to weights
- Continue passive stretches to achieve full range of motion

Note:

If stiffness is noted, strengthening should be delayed. Full unrestricted activity is permitted after 6 months for most patients depending upon patient activity demands.