

Physical Therapy Protocol: Triceps Repair

Philosophy:

Rupture of the triceps tendon is a relatively rare injury and is more common in patients between the ages of 20-80. The injury can lead to elbow dysfunction, pain, and loss of strength. The injury can affect either the dominant or non-dominant elbow. The triceps repair protocol begins with early mobilization, followed by a progression to strength, and then advanced elbow function. An excellent result cannot be established without the patient following the therapist's instructions. Overall recovery is anticipated at 24 weeks, with typical results of 85-90% strength noted from pre-injury level in weight training, dips, etc (results can also improve up to a year post-op, depending on age and patient commitment). The following are guidelines for the triceps repair protocol.

Phase I, surgery to 2 weeks

OSMS appointments:

- Medical appointment at 2 weeks with initial film
- Rehabilitation will begin as directed by your physician and as indicated on your rehabilitation order

Rehabilitation Goals:

- Promote gentle shoulder, hand and wrist ROM

Precautions:

- Sling for comfort
- Compressive dressing
- Splint/brace at 60 with wrist free for motion

Suggested Therapeutic Exercises:

- Grip strengthening
- Gentle wrist and hand ROM

Cardiovascular Exercises (with sling on):

- Walking or Stairmaster

Phase II, 2-6 weeks

OSMS appointments:

- MD appointments at 6 weeks
- Rehabilitation appointments every 5-7 days

Rehabilitation Goals:

- Sling for comfort
- Continue shoulder strengthening and ROM
- P/AROM elbow ROM is allowed

Precautions:

- PASSIVE elbow extension to full
- Begin active elbow extension WITHOUT resistance

Suggested Therapeutic Exercises:

- Elbow and wrist isometrics
- Ball squeezes
- At 4 weeks, discontinue the hinged elbow brace
- At 4 weeks, progress active flexion, begin active elbow extension WITHOUT resistance

Progression Criteria:

- Full shoulder ROM
- Flexible elbow motion actively

Phase III, 6-12 weeks

OSMS appointments:

- MD appointment at 6 & 12 weeks
- Rehabilitation appointments 1-2/week

Rehabilitation Goals:

- Initiate strength and flexibility in all planes for elbow and shoulder
- Advance resistance as tolerated

Precautions:

- No throwing, or overhead serves
- No plyometrics or cross-fit movements that affect elbow extension

Suggested Therapeutic Exercises:

- Strengthening may include weights and bands, sets of 8 or more reps
- After 16 weeks, initiate eccentric exercise program
- After 16 weeks, plyometric exercise drills
- After 16 weeks, initiate interval throwing program if applicable

Progression Criteria:

- The patient can progress to full activities when they have met goals pain-free
- Return to light throwing at 16 weeks
- Throw from pitcher's mound at 12 weeks