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PHYSICAL THERAPY PROTOCOL
TRICEPS REPAIR

Procedure	Date of Surgery/Injury: _____ **R L B/L** [ ] Triceps Repair [ ] Triceps Tear (Non-operative)	**Plan** **Physical Therapy for R L B/L** Elbow 2-3x Per Week x 8 Weeks
General Guidelines	▪ The initial elbow flexion block will be determined based on the tension of the repair - the elbow flexion angle needed for re-attachment during the surgery. The surgeon will prescribe and document the flexion block and set the hinged brace at the first physician post-op visit. ▪ Immediately after surgery the elbow is splinted in about **60° of flexion** and neutral forearm rotation to relax the repair. This splint is maintained until the first post-operative visit, usually 1 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 brace with ROM brace blocked typically at 60° flexion. The patient will start physical therapy very soon after that appointment. The flexion block can be progressed 10° each week by the therapist until they reach full flexion. *For example, if it was set at 60° at 7 days after surgery, then the PT can progress that to 70° at day 14 assuming there are no symptomatic restrictions.* ▪ **The patient must use the sling attachment for the brace to protect the repair.** The brace is to be worn at all times, except when doing exercise, dressing or bathing, until the seventh week after surgery. ▪ Please read and follow guidelines below. Progression is both criteria-based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. Concomitant injuries may alter the guidelines. Follow physician's modifications as prescribed	
PHASE I (Week 1-2)	▪ No rehabilitation appointments during first 7 days. ▪ Goals are protection of healing repair and avoiding overstressing the fixation site ▪	At the first physical therapy evaluation patients should be taught a home exercise program to be performed five times daily. These should consist of: ▪ **Week 1-6** ○ Passive Self Assisted Elbow Extension ○ Active Assisted Elbow Flexion to 90° x 4 weeks, then may progress to full flexion ○ Passive Self Assisted Forearm Supination ○ Passive Self Assisted Forearm Pronation

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		○ Hand, Wrist, Shoulder ROM to prevent stiffness ▪ The elbow brace should be worn at all times with the sling attachment except toperform exercises, or dress and bathe with assistance until the 7th week after surgery. ▪ 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.
PHASE II **(Weeks 3-6)**	Appointments are 1-2x per week **Goals:** ▪ Protect repair ▪ Avoid overstressing the fixation site ▪ Begin to restore motion (Increase by 10° every week until week 5 then increase by 20° weekly until full) ▪ Elbow flexion PROM to progress as follows: ○ Week 3 (Day 15): 70° flexion ○ Week 4: 80° ○ Week 5: 90° ○ Week 6: 110° ○ Week 7: 130° ○ Week 8: 130+° ▪ Full elbow extension achieved by approx. 8 weeks post-op. ▪ Progress shoulder AAROM-AROM (Pulleys, wand, self-passive ranging with uninvolved extremity)	**Precautions:** ▪ Avoid shoulder extension ▪ Avoid active elbow extension or supination ▪ Do not PUSH elbow flexion ROM until 6 weeks ▪ Initiation of shoulder submaximal-isometrics (initiate at 25%-50% effort, pain-free): except shoulder extension **Progression Criteria:** ▪ Pain-free, full shoulder AROM with good scapular control ▪ Pain-free, PROM elbow flexion (do not push ROM) ▪ Minimal to no edema
PHASE III **(Weeks 7-12)**	Rehabilitation appointments usually 1x per week **Goals:** ▪ Begin elbow ROM exercises: full gradual passive extension allowed within patient tolerance	**Precautions:** ▪ Avoid shoulder extension and eccentric triceps activity ▪ No full elbow flexion stretch until 8 weeks post-op ▪ No active triceps strengthening.

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	▪ Achieve full elbow motion
	▪ Adherence to home exercise program (HEP)
	▪ **After Week 9:**
	  ○ Begin AROM bicep activity with light resistance
	  ○ Open-chain rotator cuff strengthening can begin with light weights
	
	Suggested Therapeutic Exercises
	Weeks 6-8:
	▪ Continue progressing AROM of shoulder, gaining muscle endurance with high reps, low resistance
	▪ Initiate active, concentric elbow extension (no resistance) in pain-free range
	▪ NO eccentric triceps activity (use uninvolved extremity to aid in eccentric phase of triceps activity)
	▪ Isotonic IR and ER light resistance resisted movement (at neutral)
	▪ Supine ABC & SA punches with high reps, low resistance
	▪ Gentle soft tissue mobilization (light scar massage if hypomobile)
	Week 8-12:
	▪ Initiate prone scapular series at week 8
	▪ Initiate light, sub-maximal triceps isometrics (25%-50% effort, pain-free) at week 8
	▪ Allow for eccentric triceps activity, pain-free (no resistance)
	▪ Gradual progression of biceps strengthening
	▪ Resisted IR and ER at 30° ABD progressing to 90° abduction
		▪ Hinged Brace: Discontinue after week 7
		
		Progression Criteria:
		▪ 12 weeks post-op
		▪ Full elbow AROM
		▪ Good control with multi-planar elbow movement

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	▪ Resisted SA punch & bear hugs, standing ▪ Rhythmic stabilization for shoulder (supine progressing to various positions) ▪ No pressing activity or resisted triceps isotonics (tricep kickbacks, bench press, overhead press) for 12 weeks	
PHASE IV (Begin after meeting Phase III criteria, usually at 12 weeks after surgery)	Rehabilitation appointments usually 1x per week or every other week **Goals:** ▪ Progress triceps strengthening (concentric) with light resistance **Suggested Therapeutic Exercises:** ▪ CKC UE weight bearing (start with 25% weight bearing, wide hand position, 0-10° of elbow flexion to limit stress on triceps): wall weight shifts, quadruped rocking at week 12 ▪ Gentle, short duration UBE (2-3 minutes initially, progressing as pain allows) ▪ Introduce pushup progression (limiting amount of elbow flexion to 45° initially) at week 14 ▪ Initiate plyometric training below shoulder height with progressing to overhead: begin with both arms and progress to a single arm (16 weeks) ▪ PNF/Diagonal pattern strengthening	**Criteria 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.