

Rehabilitation Protocol: Distal Triceps Repair

Date of Surgery: _____

Repair: ☐ Primary Repair ☐ Reconstruction/Augmentation ☐ Chronic

Protect the repair: The triceps is stressed by elbow flexion (stretch) and resisted extension (pull) – flexion is progressed in stages and resisted extension is deferred for 12 weeks. **No pushing up from a chair, pushing doors, or bearing weight through the arm until cleared.**

Contact our office for: new loss of active extension, a “pop,” or palpable gap; sudden swelling or bruising after loading; wound concerns or skin breakdown over the olecranon; new numbness/tingling in the ring and small fingers.

☐ **Phase I – Protection and Staged Motion (Weeks 0–6)**

- **Immobilization: Weeks 0–2:** posterior splint in 30–45° flexion at all times except hygiene. **Weeks 2–6:** hinged brace at all times except hygiene and exercise
- **Brace Flexion Limit:** Open ~15° per week: **60° at week 2, 75° at week 3, 90° at week 4, 105° at week 5, 120° at week 6;** extension to full (gravity-assisted)
- **Precautions:** No active extension against gravity or resistance until 4 weeks; no lifting, carrying, pushing, or pulling; no driving in splint/brace or on narcotics
- **Therapeutic Exercises**
 - Hand and wrist AROM (gripping, wrist flexion/extension, pronation/supination with elbow supported)
 - Shoulder AROM and scapular sets with elbow supported in brace
 - Passive flexion to brace limit and gravity-assisted extension, 3–4× daily
 - **Week 4+:** Active extension in a gravity-eliminated position (side-lying/supported), no resistance
 - Ice and edema control
- **Criteria to Progress:** Incision healed; pain controlled; passive flexion 120° and full extension

☐ **Phase II – Motion Recovery and Early Activation (Weeks 6–12)**

- **Brace:** Discontinue at 6–8 weeks as directed
- **Precautions:** Active extension without resistance only; no pushing (doors, chairs, push-ups); no lifting >2–3 lbs; no forceful passive flexion stretching
- **Therapeutic Exercises**
 - Active/active-assisted flexion and extension to full range; low-load, long-duration stretching for residual flexion deficits
 - **Week 6+:** Active extension against gravity (supine or overhead) without weight
 - **Week 8+:** Submaximal, pain-free triceps isometrics
 - Scapular and shoulder strengthening with elbow neutral (rows, ER/IR, scaption); wrist and grip strengthening
 - Scar mobilization; desensitization
- **Criteria to Progress:** Full ROM (within 10° of other side) by 10–12 weeks; pain-free active extension against gravity and isometrics; clearance at 12-week visit

☐ **Phase III – Strengthening (Months 3–5)**

- **Precautions:** No heavy pushing, pressing, dips, or push-ups until Phase IV
- **Therapeutic Exercises**
 - Resisted extension with light load (1–3 lbs or light band), high reps; progress 1–2 lbs when pain-free – overhead, kickback, lying extension, pressdowns

- **Week 14:** light wall push-ups; **weeks 16–18:** incline push-ups
- **Week 16+:** Eccentric triceps loading (slow lowering)
- Shoulder, scapular, and forearm strengthening; UBE
- **Criteria to Progress:** Full ROM; pain-free progressive loading including light eccentrics; extension strength $\geq 80\%$ of other side

☐ **Phase IV – Return to Sport and Heavy Work (Months 5–7+)**

- **Therapeutic Exercises**
 - Heavy pressing (bench, overhead press, dips), floor push-ups, and plyometrics only after clearance (typically 5–6 months)
 - Incline to floor push-ups; medicine ball chest pass; bench and overhead press starting at 50% of pre-injury load
 - Work and sport simulation with graded load
- **Return to Sport:** Contact/collision sport at **6 months or later**; full ROM; extension strength and endurance $\geq 90\%$ of other side; symptom-free sport/work progression; physician clearance