



Curtis Bush, MD
817-878-5300

TRICEPS REPAIR REHABILITATION

Phase 1: (0-6 days)

- Immobilization in an elbow splint 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: (7 days – 7 weeks)

- Edema and scar management
- Will transition into a hinged elbow brace at the first post op appointment
 - 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 1-2: limit 75° flexion to extension as tolerated
 - Postop week 2-3: limit 90° flexion to extension as tolerated
 - Postop week 4+: 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: (8 weeks – 4-6 months)

- Discontinue brace after 8 weeks
- Start AROM of elbow and forearm at 8 weeks postop.
- Start gradual strengthening at 12 weeks postop (1-2 lb. PRE's, with gradual progression using low weight, high repetition progression).
- No bench, incline, or military press until 4 months 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.

