

REHABILITATION FOLLOWING DISTAL TRICEPS REPAIR

No lifting, pulling, or pushing with operative arm for minimum 8 weeks

No scar massage until 6 weeks

Do not push elbow flexion ROM until 6 weeks

Phase I: Maximal Protection (0-2 weeks)

- Pain and Edema Management
- Restore Passive Shoulder and Elbow ROM
 - Limit shoulder flexion to 90° for 4 weeks
 - Elbow flexion limited to 30 degrees in brace
 - Gentle shoulder PROM (pulleys, self-passive ranging with uninvolved extremity, table slides)
 - Gentle elbow PROM (therapist guided ranging, self-passive ranging with uninvolved extremity)
 - Hand/wrist ROM as tolerated

Phase II: Gentle, passive motion (3-6 weeks)

- Pain and Edema Management (Vaso and E-stim for pain and edema control)
- No soft tissue mobilization or cross friction massage directly on the scar for 6 weeks
- No active elbow extension for 6 weeks
- Elbow ROM/brace:
 - Week 3 – 0-45
 - Week 4 – 0-60
 - Week 5-6 – 0-90
 - Week 7-8 – 0-125
- Patient can do full active assist pronosupination at position of max flexion
- Continue shoulder, wrist, hand ROM and isometrics
- At week 4, begin shoulder submaximal-isometrics (initiate at 25%-50% effort, pain-free): except shoulder extension and progress shoulder AAROM-AROM (Pulleys, wand, self-passive ranging with uninvolved extremity)
- Criterion to Progress to Phase III
 - Pain-free, full shoulder AROM with good scapular control
 - Pain-free, full PROM elbow flexion (do not push ROM)
 - Minimal to no edema

Phase III: Active ROM and early strengthening (6-12 weeks)

- Introduction to AROM
 - No pain or reactive edema with initiation of active elbow extension
 - No pressing activity or resisted triceps isotonic (tricep kickbacks, bench press, overhead press) for 12 weeks
 - Discontinue brace when elbow has good active control (usually week 7-8)

- Post-op 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 of hypomobile tissue)
- Post-op Weeks 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
 - Resisted SA punch & bear hugs, standing
 - Rhythmic stabilization for shoulder (supine progressing to various positions)
- After Week 8, ok to return to Stationary bike and light jogging
- Criterion to Progress to Phase IV
 - Pain-free, full AROM of shoulder and elbow
 - 5/5 MMT for shoulder /rotator cuff strength and scapulothoracic musculature

Phase IV: Late strengthening/return to activity (weeks 12-16)

- Return to sport at 5-6 months at earliest, ok to start lifting at 4 months postop but at very low weight/high rep values
- Goals
 - Maintain full, non-painful AROM
 - Progress isotonic strength of the triceps (including eccentrics) and surrounding musculature
 - Introduce light pressing activity (pushups progression, bench press, overhead press)
- Exercises
 - Progress triceps strengthening (concentric) with light resistance
 - CKC UE weight bearing (start with 25% weight bearing, wide hand position, 0-10 degrees 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 degrees 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