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Triceps Repair Rehab Protocol

Phase I: Early ROM and Protect Repair – 2-6 Weeks Post-Op

- Postoperative splint to be removed at 2 week post op
- Hinged elbow brace placed at 2 weeks allowing 30-60 degrees of motion
- Week 3: 30-60 degrees
- Week 4-5: 15-90 degrees
- Week 6-7: 10-110 degrees
- Week 8: 0-125 degrees
- Ok for therapist to help progressing brace unlocking as indicated by this protocol
- Brace worn at all times except during exercise and bathing
- Passive ROM only for elbow extension, no AROM in extension for 6 weeks
- Initiate fore AAROM pronation and supination
- Progress to active pronation and supination at week 4
- Shoulder AROM as needed in brace
- Strengthening exercises all to be performed in brace:
 - Isometric shoulder exercises
 - Supine/standing rhythmic stabilizations
 - Grip strengthening
 - Standing flexion and scaption
 - Side lying ER
- Scar mobilization
- Joint mobs as needed
- Heat/cold as needed
- E stim/TENS as needed, US as needed over scar

Phase II: Progressive motion – 6-12 Weeks Post-Op

- Goal is to reach full ROM, initiate loading repair, improve neuromuscular control and have pain free ADLs
- Brace progression as above: Week 6-7: 10-110, Week 8: 0-125
- Initiate AROM in extension at 6 weeks
- After week 8 may discontinue brace if demonstrating good motor control and progress to full ROM
- Initiate light UBE resistance at 8 weeks
- Theraband IR/ER shoulder, bicep extension
- Progress manual elbow extension passive manipulation after 8 weeks if lacking
- Joint mobs as needed to regain full flexion
- Passive or contract relax to gain full flexion at week 10 if still lacking
- Ball roll outs on table, pulley, wall walk
- Prone dumbbell therex
- Continue rhythmic stabilization

Phase III: Restore Function and Strength – 12 Weeks + Post-Op

- Goal is full painless ROM, maximizing strength and neuromuscular control, optimize shoulder mechanics, initiate sport specific activity if desired
- Progress strengthening with increase in resistance and high speed repetition
- Bicep curls with dumbbells
- IR/ER exercises at 90 abduction
- Initiate plyotoss with two arms and progress to single arm
- Initiate sport specific exercises if desired by patient