

**Andrew Green, MD**  
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## **Distal Triceps Tendon Repair**

**Please follow the protocol along with the instructions listed on the patient's referral**

This protocol was developed for patients who have had a primary repair of the **distal triceps** tendon. The goal of the rehabilitation is to gradually regain motion in the elbow joint and eventually regain strength. This will be a steady process to allow time to protect tendon healing to the olecranon. Patients with **distal triceps** tendon ruptures are usually vigorous and active patients that do very well. However, it is important to be sure that patients do not do too much and stress or disrupt the repair. It is important to be aware of the appropriate progression during the post-operative recovery and clearly communicate the goals, expectations and caution with the patient during this process.

If you have questions please contact Dr. Andrew Green's office (401) 457-1533 or the University Orthopedics Physical Therapy Department (401) 443-5000. You may also refer to [www.universityorthopedics.com](http://www.universityorthopedics.com) and go to Dr. Green's section

<http://universityorthopedics.com/physicians/green/prepost.html>

**Distal triceps tendon** repairs usually involve a direct tendon to bone (olecranon) repair with either transosseous sutures and/or suture anchors. Dr Green typically uses transosseous sutures. Immediately after surgery the elbow is splinted in about 60 degrees of flexion and neutral forearm rotation to relax the repair. This splint is maintained until the first post-operative visit, usually 1-2 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 ROM brace set at 0-90 degrees flexion. The patient must use the sling attachment 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. 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 degrees x 4 weeks, then may progress to full flexion

Passive Self Assisted Forearm Supination

Passive Self Assisted Forearm Pronation

Hand, Wrist, Shoulder ROM to prevent stiffness

The elbow brace should be worn at all times with the sling attachment except to perform 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.

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Each set of stretching exercises should be done for 5 repetitions, holding each repetition for 10 seconds.

Patients may shower during this time.

Most patients should have greater than 90 degrees elbow flexion arc motion after 6 weeks, depending upon the tightness of the repair.

**Week 7**

Brace is discontinued

Begin light active use. No aggressive or repetitious activity.

Continue passive stretching to achieve full range of motion

Begin active range of motion exercises elbow flexion and extension, and forearm supination, pronation

**Week 7-8**

Begin elbow flexion and extension, and forearm pronation and supination isometrics.

Continue passive stretching to achieve full range of motion.

**Week 12**

Begin progressive resistive strengthening: theraband, theraTube, grip strengthening, and progress to weights.

Continue passive stretches to achieve full range of motion.

Note: If stiffness is noted, strengthening should be delayed.

**Week 12-26 (6 months)**

Progressive gradual increase in resistance exercises and activities. Avoid overloading triceps muscle/tendon unit.

**Full unrestricted activity is permitted after 6 months for most patients depending upon patient activity demands.**