

Mr A Rashid: Rehabilitation guideline: Triceps tendon repair

These are guidelines only. Each patient is an individual and may have individual variations on the information below. Post-operative instructions are documented on the operation note which should be provided with the referral or if not, obtained from the consultant's secretary. These guidelines are for use by a qualified physiotherapist in collaboration with the orthopaedic surgeon undertaking the patient's surgery. The authors take no responsibility for the use of this guideline by staff or individuals other than the above.

Week post-op	Instruction/guidance
On discharge- 2 weeks	Elbow brace 30 degrees flexion – day and night time No weight bearing through operated arm - no pushing doors or pushing out of a chair Wrist and hand exercises Shoulder active-assisted flexion and abduction
2-6 weeks	Gradually increase ROM of brace by 20 degrees per week, allow extension to 0 degrees (gravity-assisted/ arm by side) No elbow extension against gravity No resisted elbow extension In brace active pro/supination and elbow flexion within brace limits
6-12 weeks	Wean out of brace as comfort allows No heavy lifting or movement that causes pain No forced elbow flexion over 120 degrees Submaximal Isometric elbow extension through range as long as pain-free Anconeus exercises Elbow extension in supine with shoulder at 90 degrees flexion can commence as comfortable Loaded pronation/supination exercises may commence as comfort allows
12-16 weeks	Supine elbow extension at 90 degrees with graduated weight may commence gradually as comfort allows. Wall press ups may commence Gentle throwing may commence
16 weeks +	Floor press ups, plyometrics, bench press and shoulder press may commence If above pain-free, triceps dips, crawling on hands and feet and sport specific rehab may commence

References:

Kocialkowski, C., Carter, R. & Peach, C. (2018). Triceps tendon rupture: repair and rehabilitation. *Shoulder & Elbow*; Vol.10(1): pp.62-65.