

TRICEPS TENDON REPAIR
Physical Therapy & Strength and Conditioning
Chad Broering, M.D.

Phase I – Maximum Protection (0 to 14 Days)

- Complete Immobilization in 60° Splint

Phase II – Progressive Stretching and Range of Motion (Weeks 2-6):

- Hinged elbow brace 0-60° (Weeks 2-4)
- Hinged elbow brace 0-90° (Weeks 4-6)
- Discontinue brace at 6 weeks
- Begin passive elbow extension to 0 degrees and active flexion to end of motion limits
- Begin passive forearm pronation and supination.
- Begin active shoulder protraction/retraction

Phase III – Active Motion (Weeks 6 to 8):

- Discontinue brace at 6 weeks
- Begin active range of motion of the wrist in all planes
- Begin prone scapular strengthening series (unweighted)
- Light resistance rotator cuff and scapular strengthening program; avoid load specific to elbow flexion/extension and supination/pronation
- CKC progression beginning with quadruped
- Weighted prone scapular stabilization exercises

Phase IV – Strengthening (Week 8 to 16)

Weeks 8 to 10

- Continue with end range stretching
- Begin active extension of the elbow and wrist in all planes
- Advance RC and scapular strengthening program
- Advance CKC program with push-up progression (beginning with wall, table, knee, and regular)
- Begin wrist and forearm strengthening all planes

Weeks 12 to 16

- Begin isolated resisted triceps strengthening
- Begin global upper extremity gym strengthening program with gradual weight increase
- Advance intensity of forearm and hand strengthening, including wrist extension
- Initiate Plyometric Drills
 - Plyoball wall drills, Double arm rebounder drills progressing to single arm

Phase V – Return to Sport (Week 16 to 24)

- Follow-up appointment with physician
- Initiate return to sport program per physician approval
- Full return to play between 4-6 months post-op