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Hip, Knee, Shoulder & Sports Medicine Surgery

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**TRICEPS TENDON REPAIR REHABILITATION PROTOCOL**

Phase	Restrictions	Therapeutic Exercises
Phase 1: Weeks 0-2 Goals: Protect the repair	-Wear Posterior Arm Splint at all times -PT optional Begin PT at 2 weeks -NO lifting more than 3lbs	-Unrestricted hand and finger range of motion -Neck range of motion and stretching -Full ROM of shoulder with splint in place
Phase 2: Weeks 2-5 Goals: Protect the repair, range of motion, retard muscle atrophy, minimize pain	-Begin physical therapy - Wear Hinged elbow brace set to 40 degrees for 2 weeks -ROM: 0-60 degrees until 4 weeks post-op, then progress elbow flexion by 10 degrees per week <u>until full ROM achieved</u> -No active extension for 6 weeks -Brace to be worn at all times, including sleeping - except for hygiene and physical therapy/home therapy exercises. -No lifting greater than 3lbs until 6 weeks s/p	-Passive, active, and active assisted elbow flexion -Flexion range of motion 0-60 degrees until 4 weeks s/p, then increase range of motion by 10 degrees per week until full range of motion is achieved -Unrestricted wrist, hand, and finger range of motion -Scar mobilization -Initiate light scapular strengthening at week 3 -Initiate shoulder isometrics at week 3 -Grip strengthening -Modalities PRN
Phase 3: Weeks 6-9 Goals: Full range of motion, minimal pain, begin muscular activation, protect the repair	-Discontinue hinged elbow brace when ROM is full and motor control of the elbow is adequate -No restrictions on range of motion -No lifting objects greater than 10lbs	-Full passive, active, and active assisted range of motion without resistance -Progress scapular strengthening exercises -Neck stretching and strengthening -Begin UBE biking without resistance -Core stabilization -Continue prior exercises

<p>Phase 3: Weeks 10-11</p> <p>Goals: Full range of motion, minimal pain, begin muscular activation and strengthening, protect the repair</p>	<p>-Discontinue hinged elbow brace when ROM is full, and adequate motor control of the elbow</p> <p>-No lifting objects greater than 10lbs</p>	<p>-Begin light strengthening: eccentric elbow flexion/extension, isotonic forearm and wrist program, manual resistance diagonal patterns, plyometric exercise program (chest pas, side throw close to body)</p> <p>-Neck stretching and strengthening</p> <p>-Continue full elbow range of motion</p>
<p>Phase 4: Weeks 12-13</p> <p>Goals: Progression of functional activities, advanced sport, and recreational activity per surgeon</p>	<p>-No heavy weightlifting until 16 weeks</p>	<p>-Increase strengthening exercises</p> <p>-Begin UBE biking with resistance</p> <p>- Introduce plyometrics, increasing as tolerated: 2 hand drills away from the body, side to side throws, soccer throws, side throws</p> <p>- Emphasis on wrist power</p> <p>- Elbow and wrist flexibility exercises</p>
<p>Phase 5: Weeks 14-15</p> <p>Goals: Progression of functional activities, advanced sport, and recreational activity per surgeon</p>	<p>-No heavy weightlifting until 16 weeks</p>	<p>- Progressive strengthening</p> <p>- Advance plyometrics: Initiate one hand plyometric throwing and one hand wall dribble</p> <p>- Emphasis on elbow power</p>
<p>Phase 5: Weeks 16 on</p> <p>Goals: Progression of functional activities, advanced sport, and recreational activity per surgeon</p>	<p>-No heavy weightlifting until 16 weeks</p> <p>Criteria for Discharge:</p> <p>-<10% strength deficit</p> <p>-Limb similarity index of 90% or greater</p> <p>-45/50 on biomechanical functional tests (if performed)</p> <p>-NO pain or complaints of instability</p>	<p>- Begin gradual return to sports</p> <p>- Interval throwing program for patient sport actions</p>