

Distal Triceps Tendon Repair Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Starting position _____ ° flexion	Begin advancing at _____ wks (default 2)	Chronic tear / graft: ☐
Other Precautions:		

Parameters above are patient-specific and supersede the general timeframes below. A hinged elbow brace replaces the splint at 2 wks. The flexion limit begins at the starting position above and advances 15° per week, up to 90° until 6 wks; do not stretch past the current limit. Therapist to use clinical judgment to individualize exercise selection and pace within each phase.

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–2	Goals - Protect the repair; control pain/swelling - Maintain shoulder/wrist/hand mobility	Precautions - Splint at the starting position above; no elbow ROM until advancement begins - No active extension, pushing, or weight bearing	Treatment Focus - AROM hand/wrist/shoulder and grip - Edema control; ice PRN
► Advance to Phase 2 when: wound healed, pain controlled, transitioned to hinged elbow brace.			
Phase 2 Weeks 2–6	Goals - Hinged elbow brace at 2 wks - Advance flexion 15° per week - Maintain full passive extension	Precautions - Brace flexion limit: starting position when advancement begins, then 15° more flexion each week, up to 90° until 6 wks (e.g., 30° → 45° → 60° → 75° → 90°) - No active extension, pushing, or weight bearing If chronic tear/graft: hold the 15° per week pace; never force or accelerate	Treatment Focus - Brace off several times daily for protected ROM - Active flexion to the current limit - Passive/gravity-assisted extension - Scar/edema management
► Advance to Phase 3 when: flexion schedule completed (≈90°), full passive extension, minimal pain.			
Phase 3 Weeks 6–12	Goals - Full ROM - Active extension from ≈6 wks - Early strengthening	Precautions - Brace unlocked 0–120°; off once ≥90° flexion with good control - No pushing or weight bearing - Light resistance only	Treatment Focus - ROM and gentle stretching to full flexion - Triceps activation → light band progression - Forearm/upper-extremity strengthening
► Advance to Phase 4 when: full ROM, good triceps activation without extensor lag, light resistance pain-free.			
Phase 4 Weeks 12–24	Goals - Restore triceps strength - Return to unrestricted activity/sport at ≈4–6 months	Precautions - Weight bearing, push-ups, and free weights introduced gradually; heavy pressing last If chronic tear/graft: slower progression per surgeon	Treatment Focus - Progressive resistance (band → free weights) - Closed-chain progression (wall → incline → floor) - Work-/sport-specific progression
► Full Release (typically 4–6 months / 16–24 wks): full pain-free ROM, extension strength approaching contralateral, pushing/weight bearing pain-free, work-/sport-specific demands met, cleared by physician.			

Special Considerations

- Report ulnar nerve symptoms or persistent stiffness. Sudden pain, a pop, or new extension lag — stop and contact the surgeon

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.