



Triceps Tendon Repair Rehabilitation Protocol

This rehabilitation protocol outlines post-operative management following Triceps Tendon Repair. Progression is time- and criterion-based to protect the repair while restoring elbow motion, strength, and function.

Phase I: Protection Phase (0–2 Weeks)

- Posterior splint or hinged brace (typically 0–30° flexion).
- Non-weight bearing through operative arm.
- No active elbow extension.
- No pushing, lifting, or pushing up from chair.
- Cryotherapy and edema control.
- Finger, wrist, and shoulder ROM.
- Gentle scapular setting.
- Patient education on precautions.

Phase II: Controlled Motion Phase (2–6 Weeks)

- Brace gradually unlocked for flexion per surgeon guidance.
- No resisted elbow extension.
- No lifting greater than 1–2 pounds.
- PROM → AAROM elbow flexion/extension within prescribed limits.
- Forearm pronation/supination with elbow flexed.
- Isometric grip, wrist, and shoulder strengthening (no triceps activation).

Phase III: Early Strengthening (6–10 Weeks)

- Achieve functional elbow ROM.
- Avoid resisted elbow extension until approximately 8 weeks.
- No pushing, pulling, or heavy lifting.
- Active elbow flexion and extension.
- Initiate submaximal triceps isometrics after 8 weeks.
- Theraband or light resistance for shoulder strengthening.
- Continue wrist and forearm strengthening.



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Phase IV: Progressive Strengthening (10–16 Weeks)

- Progressive resistance for elbow flexion and extension.

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- Functional strengthening (pushing, pulling activities).
- Closed-chain scapular and upper extremity exercises.
- Proprioceptive and neuromuscular drills.
- Avoid high-load triceps strengthening until cleared.

Phase V: Return to Sport/Work (4–6+ Months)

- Full ROM and strength.
- Advanced strengthening progression.
- Plyometric and power training as appropriate.
- Sport- or job-specific drills.
- Clearance required before return to high-load activities or contact sports.
- Long-term conditioning program.