



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

TRICEPS REPAIR

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date of Surgery:** _____

<u>Procedure:</u> Right / Left Elbow Triceps Tendon Repair
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___ Evaluate and Treat ___ Provide patient with home program

Frequency: _____ x/week x _____ weeks

___ **Phase I (0-6 wks):** *Period of protection: splint/brace should be worn at all times during this phase (except for hygiene and PT). No active elbow extension. Therapists may slowly advance elbow flexion (and corresponding brace setting) within a tension-free zone per the protocol description of 10 deg per week progression. D/C brace after 6 weeks.*



Weeks 0-1: No formal PT. Splint without motion.

- Splint/brace used to immobilize elbow at tensionless repair (anywhere between 0-45 degrees)
- Home exercises only (gentle finger and shoulder ROM).

Weeks 1-6: Begin formal PT. Brace with careful progressive motion.

- Brace locked at initial tensionless degree per Dr. Saltzman from initial postoperative clinic visit (0-45 degrees) outside of PT and rehab efforts. Range of motion will be allowed from 0 to brace lock point, with flexion setting increased slowly (ie. roughly 10 degrees per week) to match whatever passive, tension-free flexion is achieved during therapy sessions (see below). Brace should be worn at all times locked at whatever degree amount has been obtained at that week of PT (except for hygiene or PT).
- ROM: Flexion: active and gentle passive elbow flexion to weekly degree achievement per above, advancing as tolerated to a ***tension-free endpoint*** within weekly goals. Therapists may slowly increase the flexion block setting on the brace to match the tension-free flexion achieved during therapy sessions per the 10 deg/week, or under specific direction from Dr. Saltzman may be able to progress per tension-free endpoint in certain situations (ie. if elbow can be passively flexed to 70 degrees without tension, brace may be reset to 70 degree flexion block after that therapy session). Extension: ***passive-only*** extension to tolerance (**NO active extension**). Passive forearm supination/pronation. Continue shoulder/wrist ROM.
 - Goal: full elbow extension, tension-free flexion to 90-120 degrees (pending starting point of degree marking), and full forearm supination/pronation by 6-8 weeks.
- Strengthening: Cuff/periscapular/forearm isometrics in brace, within above motion limits.

Phase II (6-12 wks): Motion is more aggressively advanced. Still no resisted elbow extension or lifting with the operative arm.

- Discontinue brace.
- ROM: Advance active and passive elbow flexion to full (if not already achieved). Gentle passive stretching at end-ranges as tolerated. Begin gentle active elbow extension (gravity only). Continue forearm supination/pronation, shoulder and wrist ROM. Goal: full, tension-free elbow and forearm motion by 9 weeks.
- Strengthening:
 - ***Avoid resisted elbow extension until 3 months post-op.***
 - Progress cuff/periscapular and forearm isometrics → bands. Only do 3x/week to avoid cuff tendonitis.



- Modalities as per PT discretion

Phase III (3-6 months): *Begin resisted elbow extension and progress to sport/occupation-specific rehab.*

- ROM: Unrestricted active and passive stretching at end ranges as tolerated.
- Strengthening/Activities:
 - Continue bands, progressing to light weights (1-5 lbs), 3x/wk.
 - Begin gentle resisted elbow extension and transition to closed chain upper extremity/forearm strengthening within pain-free limits.
 - Progress to sport-specific/job-specific exercises at 4.5 months.
 - Depending on job requirements, may resume lifting once full-strength achieved and healing adequate (usually by 6 months).

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient ___ would ___ would not benefit from social services.

Date:_____

Bryan M. Saltzman, MD