

DISTAL TRICEPS REPAIR CLINICAL PRACTICE GUIDELINE



Summary of Recommendations

Risk Factors	<ul style="list-style-type: none"> • Subsequent surgeries • Lack of adherence to surgical precautions • Secondary comorbidities
Precautions	<ul style="list-style-type: none"> • No aggressive stretching of the triceps • Splint for first two weeks • Light soft tissue mobilization, not directly on the scar, to improve blood flow and reduce edema • Limit passive shoulder flexion to <90 degrees for 6 weeks • No isolated triceps contraction with elbow extension or shoulder extension for 6 weeks • No <u>resisted</u> elbow extension or shoulder extensions/rows for 12 weeks • No weight bearing through the surgical extremity (pushing open a door, pushing up from a chair) for 12 weeks
Manual Therapy	<ul style="list-style-type: none"> • PROM exercises and GH joint mobilizations (phase I & II) • Scar massage is appropriate in phase III
Corrective Interventions	<ul style="list-style-type: none"> • Cryotherapy for pain and inflammation • Manual Therapy
Criteria for Discharge	<ul style="list-style-type: none"> • >90% with patient-reported outcome • Full AROM, strength, and able to demonstrate pain-free, sports specific movements without compensatory movements

Phase I: Protection to PROM (0-2 weeks)

Pain and Edema Management	<ul style="list-style-type: none"> • Education: No elbow AROM, incisions clean and dry, hinged brace per physician instructions • Vaso and E-stim for pain and edema control • No soft tissue mobilization or cross friction massage directly on the scar • No weight bearing through surgical extremity for 12 weeks
Restore Passive Shoulder and Elbow ROM	<ul style="list-style-type: none"> • Limit shoulder flexion to 90° for 4 weeks • Elbow flexion limited to 20 degrees in brace • Gentle shoulder PROM (pulleys, self-passive ranging with uninvolved extremity, table slides) • Gentle elbow PROM (therapist guided ranging, self-passive ranging with uninvolved extremity)
Home Exercise Program	<ul style="list-style-type: none"> • Posture education • Arm immobilized per physician instructions

	<ul style="list-style-type: none"> • Scapular control exercises (sidelying clocks, seated retractions, scapular PNF) • PROM elbow flexion locked at 20 degrees in hinged brace • Able to progress elbow flexion 15 degrees every 5 days (3 sets of 30 minutes per day) • No active elbow extension
Criteria for Progression	<ul style="list-style-type: none"> • Protect the repair • Minimal to no edema

Phase II: PROM progression to AROM (2-6 weeks)

Pain and Edema Management	<ul style="list-style-type: none"> • No soft tissue mobilization or cross friction massage directly on the scar for 6 weeks • No active elbow extension for 6 weeks • Vaso and E-stim for pain and edema control
Post-op Weeks 2-4	<ul style="list-style-type: none"> • No shoulder flexion >90 degrees for 4 weeks • Do not PUSH elbow flexion ROM until 6 weeks • PROM-AAROM within limits at shoulder and elbow (therapist guided ranging, self-passive ranging with uninvolved extremity) • Gentle soft tissue mobilization, not on the surgical scar, for improved blood flow and reduced edema
Post-op Weeks 4-6	<ul style="list-style-type: none"> • Do not PUSH elbow flexion ROM until 6 weeks • Initiation of shoulder submaximal-isometrics (initiate at 25%-50% effort, pain-free): except shoulder extension • Progress shoulder AAROM-AROM (Pulleys, wand, self-passive ranging with uninvolved extremity)
Criteria for Progression	<ul style="list-style-type: none"> • Pain-free, full shoulder AROM with good scapular control • Pain-free, full PROM elbow flexion (do not push ROM) • Minimal to no edema

Phase III: Initiation of Elbow AROM and Strength (6-12 weeks)

Introduction to AROM	<ul style="list-style-type: none"> • No pain or reactive edema with initiation of active elbow extension • Avoid resisted elbow extension and shoulder extensions/rows for 12 weeks
Post-op Weeks 6-8	<ul style="list-style-type: none"> • Continue progressing AROM of shoulder, gaining muscle endurance with high reps, low resistance • Initiate active, concentric elbow extension (no resistance) • NO eccentric triceps activity (use uninvolved extremity to aid in eccentric phase of triceps activity) • Isotonic IR and ER light resistance resisted movement (at neutral) • Supine ABC & SA punches with high reps, low resistance • Gentle soft tissue mobilization (light scar massage if hypomobile)
Post-op Weeks 8-12	<ul style="list-style-type: none"> • Initiate prone scapular series at week 8 • Initiate light, sub-maximal triceps isometrics (25%-50% effort, pain-free) at week 9 • Gradual progression of biceps strengthening • Resisted IR and ER at 30° ABD progressing to 90° abduction • Resisted SA punch & bear hugs, standing

	<ul style="list-style-type: none"> • Rhythmic stabilization for shoulder (supine progressing to various positions) • No pressing activity (bench press, overhead press) for 12 weeks
Return to Activity after Week 10	<ul style="list-style-type: none"> • Stationary bike and light jogging
Criteria for Progression	<ul style="list-style-type: none"> • Pain-free, full AROM of shoulder and elbow • 5/5 MMT for shoulder /rotator cuff strength • 5/5 MMT for scapulothoracic musculature

Phase IV: Return to Sport/Recreational Activity (weeks 12-16)

Goals	<ul style="list-style-type: none"> • Goal: Return to sport at 5-6 months at earliest • Maintain full, non-painful AROM • Progress isotonic strength of the triceps (including eccentrics) and surrounding musculature • Introduce light pressing activity (pushups progression, bench press, overhead press) • Return to sports progression: throwing/ swimming/lifting • Analysis of sports specific movements
Exercises Week 12+	<ul style="list-style-type: none"> • Progress triceps strengthening (concentric) with light resistance • CKC UE weight bearing (start with 25% weight bearing, wide hand position, 0-10 degrees of elbow flexion to limit stress on triceps): wall weight shifts, quadruped rocking at week 12 • Gentle, short duration UBE (2-3 minutes initially, progressing as pain allows) • Introduce pushup progression (limiting amount of elbow flexion to 45 degrees initially) at week 14 • Initiate plyometric training below shoulder height with progressing to overhead: begin with both arms and progress to a single arm (16 weeks) • PNF/Diagonal pattern strengthening
Criteria to Return to Sport	<ul style="list-style-type: none"> • 5/5 MMT for triceps strength • Pain-free, stability & control with higher velocity movements including sports specific patterns and change of direction movements • Proper kinematic control transfer from the hip & core to the shoulder with dynamic movement

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