

## Surgical Rehabilitation Protocol Triceps Repair

The following information is to help make your recovery from surgery as smooth and rapid as possible. If you have any questions or concerns, contact Dr. Mayo's team at the number above. You will have appointments with Dr. Mayo at 2 weeks postop.

### Phase 1: Recovery from Surgery – 0-2 Weeks After Surgery

<b>Goals</b>	<ul style="list-style-type: none"> <li>• Protect the triceps repair and create an environment for optimal healing</li> <li>• Educate patient on rehab progression and precautions</li> <li>• Control pain, swelling and inflammation</li> <li>• Hand, wrist, shoulder range of motion</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• <b>Limit passive shoulder flexion to 90 degrees flexion for 6 weeks</b></li> <li>• <b>No isolated triceps contraction with elbow extension or shoulder extension for 6 weeks</b></li> <li>• <b>No resisted elbow extension or shoulder extensions/rows for 12 weeks</b></li> <li>• <b>No weight bearing through the surgical extremity (pushing open a door, pushing up from a chair) for 12 weeks</b></li> <li>• <b>Sling:</b> Wear sling for comfort as needed.</li> <li>• <b>Splint:</b> Splint at all times for 2 weeks</li> <li>• <b>Weight Bearing:</b> No lifting anything with the operative arm</li> <li>• <b>Range of Motion:</b> Move fingers as well as wrist side to side as tolerated in the splint, gentle shoulder motion, pendulums</li> <li>• <b>Wound Care:</b> Keep splint on and clean and dry</li> <li>• <b>Call Dr. Mayo if:</b> Worsening pain, numbness, tingling, finger color changes.</li> </ul>
<b>Therapeutic Exercises</b>	<ul style="list-style-type: none"> <li>• <b>Strengthening:</b> None</li> <li>• <b>Conditioning:</b> Stationary bike, walking</li> <li>• <b>Range of motion:</b> None at elbow, shoulder PROM and wrist and hand motion</li> <li>• <b>Modalities:</b> Ice</li> <li>• <b>Manual Therapy:</b> None</li> </ul>
<b>Home Instructions</b>	<ul style="list-style-type: none"> <li>• <b>Wound Care:</b> Splint in place until 2 week postop visit</li> <li>• <b>Bathing:</b> Showering permitted keeping the splint on, clean, and dry</li> <li>• <b>Driving:</b> You should not drive while your arm is in a splint as your ability to drive safely is reduced.</li> <li>• <b>Sleeping:</b> Sleep in reclining chair or bed as comfortable</li> <li>• <b>Ice and Elevation:</b> Ice for 20 minutes every hour for the first week.</li> <li>• <b>Home Exercise:</b> Shoulder pendulum exercises and PROM</li> </ul>
<b>Criteria to Progress</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 2 weeks postoperative</li> <li><input type="checkbox"/> Minimal swelling and pain</li> </ul>



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### Phase 2: Early Motion– 2-6 Weeks After Surgery

<b>Goals</b>	<ul style="list-style-type: none"> <li>Continued protection of healing tissue with slow progression of motion</li> <li>Improve neuromuscular control of shoulder complex</li> <li>Gradually progress PROM without overstressing healing tissue</li> <li>Minimize pain and inflammation (may ice after exercise)</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li><b>Sling:</b> No sling</li> <li><b>Brace:</b> Brace at all times, remove for shower and exercises only</li> <li><b>Weight Bearing:</b> No lifting or pushing</li> <li><b>Range of Motion/strengthening:</b> <ul style="list-style-type: none"> <li><u>Weeks 2-4:</u> <ul style="list-style-type: none"> <li>PROM into extension 0-90 degrees IN BRACE</li> <li>AROM into flexion 0-90 IN BRACE</li> <li>No active elbow extension</li> <li>Light isometric biceps exercises degrees flexion</li> </ul> </li> <li><u>Weeks 4-6:</u> <ul style="list-style-type: none"> <li>Progress PROM gently, do not push into flexion, no active extension</li> <li>Initiate shoulder and scapula strengthening isotonic</li> </ul> </li> </ul> </li> <li><b>Call Dr. Mayo if:</b> Any wound concerns</li> </ul>
<b>Therapeutic Exercises</b>	<ul style="list-style-type: none"> <li><b>Strengthening:</b> No triceps strengthening. OK for AROM flexion no weight. Continue Hand, Wrist, Shoulder ROM, Scapular strengthening, biceps isometrics (week 4)</li> <li><b>Range of motion:</b> As above</li> <li><b>Conditioning:</b> Stationary bike, walking</li> <li><b>Modalities:</b> Per therapist</li> <li><b>Manual Therapy:</b> Scapular mobilization, soft tissue mobilization not on the scar</li> </ul>
<b>Home Instructions</b>	<ul style="list-style-type: none"> <li><b>Driving:</b> No driving until 6 weeks postop as no use of right arm for motion</li> <li><b>Sleeping:</b> In brace locked at 60 degrees</li> <li><b>Ice and Elevation:</b> Ice as needed for pain and swelling after activity</li> <li><b>Home Exercises:</b> Daily, As instructed by physical therapy</li> </ul>
<b>Criteria to Progress</b>	<input type="checkbox"/> ROM 0-90



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### Phase 3: Active Motion Phase – 6-12 Weeks After Surgery

<b>Goals</b>	<ul style="list-style-type: none"> <li>• Full AROM with normalized mechanics in all planes</li> <li>• Protect surgical repair</li> <li>• Return to ADL's &lt;1 lb</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• <b>Brace:</b> Discontinue</li> <li>• <b>Weight Bearing:</b> No lifting or pushing objects &gt;1 lb</li> <li>• <b>Call Dr. Mayo if:</b> Failure to progress motion</li> </ul>
<b>Therapeutic Exercises</b>	<ul style="list-style-type: none"> <li>• <b>Strengthening:</b> Biceps isometrics, active extension against gravity. Rotator cuff strengthening/deltoid and upper body ergometry</li> <li>• <b>Conditioning:</b> Stationary bike, walking</li> <li>• <b>Modalities:</b> Per therapist, ok for scar massage</li> </ul>
<b>Home Instructions</b>	<ul style="list-style-type: none"> <li>• <b>Home exercises:</b> Per physical therapist</li> </ul>
<b>Criteria to Progress</b>	<input type="checkbox"/> Full painless AROM

### Phase 4: Strengthening Phase – 12-24 Weeks After Surgery

<b>Goals</b>	<ul style="list-style-type: none"> <li>• Normalize strength and function</li> <li>• Return to all desired activities</li> </ul>
<b>Precautions</b>	<ul style="list-style-type: none"> <li>• <b>Brace:</b> None</li> <li>• <b>Weight Bearing:</b> Progress as tolerated</li> <li>• <b>Range of Motion:</b> No restrictions</li> <li>• <b>Call Dr. Mayo if:</b> Failure to progress or regression in motion or strength</li> </ul>
<b>Therapeutic Exercises</b>	<ul style="list-style-type: none"> <li>• <b>Strengthening:</b> Weeks 12-16: Elbow extension resistive strengthening Weeks 16-24: Progress as tolerated, plyometric and sport specific exercises</li> <li>• <b>Conditioning:</b> Stationary bike, walking, running</li> <li>• <b>Modalities:</b> Per therapist</li> </ul>
<b>Home Instructions</b>	<ul style="list-style-type: none"> <li>• <b>Home exercises:</b> Workouts in gym, focus per physical therapist</li> </ul>
<b>Criteria to Return to Work/Sport</b>	<input type="checkbox"/> Clearance from physician – 5-6 months at soonest <input type="checkbox"/> Pain free at rest and minimal pain with the work or sport specific activity simulation <input type="checkbox"/> Sufficient ROM and strength with normalized mechanics for the needed activity

