

Distal Triceps Rupture Postoperative Rehabilitation

Date of Surgery_____

0-14 Days Postoperative

- Do NOT remove the splint
- Restrictions: No heavy lifting or pulling greater than 0 lbs. No driving.
- Perform range of motion of the hand and shoulder to prevent stiffness and reduce swelling.

10-14 Days Postoperative

- The splint is removed at Dr. Lamplot's office
- While at Dr. Lamplot's office, the patient will be fitted with a hinged elbow brace with flexion block at 45 degrees.
- The brace is to be worn at all times. The brace may be removed for hygiene purposes and to perform the exercise program.
- Instruct the patient to begin passive elbow extension (gravity-assisted) exercises.
- Instruct the patient to begin active elbow flexion to 45 degrees.
- The therapist will educate the patient on anti-edema management. This includes, but not limited to, self-retrograde massage, cold therapy, and extremity elevation. The anti-edema management will continue for several weeks.

3 Weeks Postoperative

- The therapist will begin scar tissue management to decrease sensitivity and density, which could include ultrasound and/or silicone gel pads per the therapist's discretion. The scar tissue management will continue for several weeks.
- The hinged elbow brace block is increased to 70 degrees, as tolerated

4 Weeks Postoperative

- The hinged elbow brace flexion block is increased to 90 degrees.

5 Weeks Postoperative

- The hinged elbow brace flexion block is increased as tolerated.

6 Weeks Postoperative

- Discontinue hinged elbow brace. Begin isometrics.

8 Weeks Postoperative

- Advance resistance as tolerated, slow steady movements of 8 or

more reps only. OK for active elbow extension.

- Instruct the patient to begin a strengthening exercise program starting with mid-range isometrics, then isotonic concentric contractions, and finally, eccentric muscle contractions.



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- The patient may resume normal activities as tolerated.
- Work status: The patient is allowed to return to full duty status if the job requirements have been met. If not met, then a functional capacity evaluation and work hardening program may be recommended.
- The healing process can take up to a full year. Therefore, it is advised to continue with the home exercise program until goals have been met.

16 Weeks Postoperative

- Instruct the patient to continue their home exercise program for range of motion and strengthening. No plyometrics or cross-fit type movements related to upper extremity.
- If the patient has not achieved functional range of motion and strength, then continue with occupational therapy for an additional 2-4 weeks.

12 Weeks Postoperative