

Distal Triceps Repair

Dr. Bear

Surgical Description: A posterior incision is made curving over the tip of the olecranon to the posterior aspect of the proximal ulna. The triceps tendon is identified and retracted after tenolysis. Sutures are attached to the distal triceps tendon. Drill holes are made through the proximal ulna and the triceps tendon is threaded through the holes. With the elbow extended, the repair is appropriately fixated. Assessment to ensure no gapping is performed. A mold to position the elbow in 30 degrees of flexion is applied and covered with a bulky dressing.

14 days post-op

- Suture are removed and patient is to begin formal therapy services.
- Brace: Pt will be issued hinged elbow brace locked at 30 degrees of flexion.
- ROM:
 - AROM flexion (up to 30 degrees) and gravity-assisted/passive extension
 - A/PROM of digits, wrist, forearm
- Light compression sleeve/tubing may be issued for edema management
- Pt is to avoid weight-bearing through the arm

3 weeks post-op

- Begin scar management to incisional sites pending full closure of incision
- Begin modalities for scar/edema management

4-6 weeks post-op

- ROM:
 - Increase allowable flexion AROM by 15 degrees each week
 - Continue A/PROM of non-affected joints
 - At 6 weeks, may begin AROM elbow extension

8-10 weeks post-op

- Brace:
 - At 8 weeks, may begin weaning out of brace
 - At 9 weeks, may fully discontinue brace

Initiation Date: 12/02/2013 Revised Date: 04/13/2023



- ROM: Full A/PROM of the elbow is allowed
- Sub-max isometric strengthening exercises may be introduced in mid-range position

10-12 weeks post-op

- Strengthening may begin within 5 lb limit

12+ weeks post-op

- Progress strengthening and endurance exercises

Adapted From:

- 1) Diagnosis and Treatment Manual for Physicians and Therapists (The Hand Rehabilitation Center of Indiana, 2020).
- 2) Consultation with Dr. Brian Bear, MD at OrthoIllinois

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