DR HARRY CONSTANTIN
ORTHOPAEDIC SURGEON

Triceps Repair

Rehabilitation Protocol

Phase Overview

Note: The following protocol is intended as a guide for you and your physiotherapist, and some patients may need personal modifications.

Never push through sharp pain and always respect your extension limits.

Exercises should be repeated 3 x daily

Phase 1

Post-Operative Protection (Weeks 0-6)

Phase 2

Range of Motion (Weeks 6-12)

Phase 3

Controlled Strength & Functional Recovery (3-6 months)

Phase 4

Advanced Strength & Return to Activity (Beyond 6 months)

Important Movement Restrictions

- **Individualised Recovery:** Progress depends on degree of initial tendon retraction and time from injury to surgery
- **Gentle Movement:** ROM should be *pain-free and as tolerated* — never force end-range.
- **Team Communication:** Ongoing contact between surgeon, physiotherapist, and patient ensures safe progress.
- **Healing Takes Time:** Tendon-to-bone healing is slow; timelines are guides and may need extending.
- **Protect the Repair:** Avoid jerky, lifting, or pulling movements early; respect healing limits.

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Phase 1
Post-Operative Protection

(Weeks 0-6)

Goals: Protect the surgical repair and manage swelling. Control pain. Maintain movement in shoulder and wrist. Keep wound clean and dry until reviewed at 2 weeks.

Precautions: The patient will be in a plaster in 30deg of flexion for 1-2 weeks and a sling. This will be changed to a range of motion brace after the wound review. The brace can be carefully removed for showers. **No elbow AROM. No weight bearing for 12 weeks minimum.**

Progression:
- Limit shoulder flexion to 90° for 6 weeks
- Change plaster to elbow ROM brace: Elbow flexion locked at 30 degrees in brace. No active elbow extension
- Scapula setting
- Wrist and hand ROM

Return to Work / Sport: No sport or lifting activity during this phase. Focus on healing and maintaining mobility in surrounding joints

Maintenance: Use ice packs (20 min, 4×/day). Use tubigrip to aid swelling management.

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Phase 2
Range of Motion

(Weeks 6-12)

Goals: Restore full passive and active-assisted elbow motion. The elbow will be stiff due to bracing. Continue protection of the tendon. Maintain pain and swelling control. Prevent shoulder stiffness Scar massage.

Precautions: Continue to avoid lifting or weight bearing through the arm. Avoid triceps contraction at end range and allow gravity to restore extension/passive extension only. No strengthening. Wean the brace.

Progression:
Week 6: 0-30deg
Week 7-8: 0-60deg
Week 9-10: 0-90deg
Week 10-12: unlocked and can remove brace by end of phase.

Return to Work / Sport: No sport participation. Begin gentle movement only. No weight lifting.

Maintenance: Use cold therapy as needed. Focus on posture, scapula stability, and gentle daily arm use

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Phase 3
Controlled Strength & Functional Recovery

(3-6 months)

Goals: Restore full active elbow motion. Begin light strengthening. Improve shoulder control and endurance

Precautions: Avoid forceful resisted biceps curls or heavy loads

Progression: Gradually increase active elbow motion and endurance. Begin submaximal isometric shoulder work (flexion, extension, abduction, rotation). Initiate gentle light weights for elbow flexion and extension.

Functional Drills / Strength / Control: Scapula stability and proprioceptive control. Perform 2–3 times daily

Return to Work / Sport: Low-intensity non-contact drills (stationary cycling, light cardio). No throwing, racquet sports, or upper-body loading yet.

Maintenance: Maintain flexibility and postural strength. Focus on symmetrical shoulder movement

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Phase 4
Advanced Strength & Return to Activity

(Beyond 6 months)

Goals: Regain functional arm strength and endurance. Return to work, daily activities, and light sport drills. Develop control in resisted movements

Precautions: Avoid sudden or jerky triceps loads.

Progression: Progress resistance (weights or Theraband). Begin compound upper-limb patterns (push/pull, diagonal movements). Introduce controlled weight-bearing (e.g. wall push-ups)

Functional Drills / Strength / Control: Biceps curl progressions. Shoulder Theraband work (internal/external rotation, flexion, abduction). Scapula retraction with band. Wall push-ups, progressing to bench or knee push-ups

Return to Work / Sport: Can return to all contact sports.

Maintenance: Continue daily stretching of elbow. Maintain upper-body strength and cardiovascular fitness

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Key Principles for your Recovery

- Slow recovery ensures minimising complications
- Avoid pain and sharp sudden movements.
- Focus on control, posture, and gradual progression – not speed.
- Regular physiotherapy reviews ensure safe and steady recovery.

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