

TRICEPS REPAIR

Rehab Protocol

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
Functional Outcome Measures	<ul style="list-style-type: none"> • Disability of Arm Shoulder and Hand (DASH) Questionnaire • Kerlan-Jobe Orthopaedic Clinic (KJOC) Questionnaire
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