450 Broadway St. MC 6120 Redwood City, CA 94063 Ph: 650-723-5643 Fax: 650-723-3429 3801 Miranda Ave. MC Ortho 112 Palo Alto, CA 94304 Ph: 650-493-5000 x66101 Fax: 650-849-1265

TRICEPS TENDON REPAIR PROTOCOL

| Name: |
|--|
| Diagnosis: |
| Date of Surgery: |
| Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks |
| Weeks 0-2: |
| • Splint at all times – keep clean and dry |
| Weeks 2-8: |
| Hinged elbow brace to be worn at all times except bathing and therapy/exercises Passive ROM for ONLY for elbow extension Range of motion progression (and brace setting) Week 2-3: 30-60 degrees Week 4-5: 15-90 degrees Week 6-7: 10-110 degrees Week 8: 0-full flexion Start AAROM/AROM pronation and supination Shoulder AROM as needed in brace Wrist/hand/grip strengthening |
| Weeks 8-12: |
| Discontinue brace Progress to full and active ROM No elbow extension resistance training; may do light resistance elbow flexion/pro/sup |
| Weeks 12+: |
| Begin therabands/resistance for elbow extension and progress gradually until 6 months Continue resistance training for elbow flexion/pro/sup Continue gradual elbow strengthening program as tolerated without restrictions |
| |
| Signature Date: |