

# Distal Triceps Tendon Rupture

---

## What you're feeling

---

The triceps is the big muscle at the back of your upper arm. Its tendon anchors onto the point of the elbow (the olecranon) and is what lets you straighten your arm. When that tendon tears away from the bone, the injury usually happens in a single moment – often a fall onto an outstretched hand, or a heavy lift or push that suddenly gives way.

At the time you may feel a sharp pain or a “pop” at the back of the elbow. Afterwards the area becomes swollen and bruised, and the back of the elbow is tender. The most telling sign is **weakness when you try to straighten the arm** against gravity or resistance – pushing a door open, pressing up out of a chair, or lifting overhead may feel weak or impossible. Sometimes you (or your doctor) can feel a soft **gap or dip** in the tendon just above the point of the elbow. If only part of the tendon has torn, you may keep some straightening power but still have pain and weakness.

This is an uncommon injury – the triceps is the least often ruptured of all the body's tendons – which is partly why it can be missed at a first assessment.

## What's actually happening

---

The triceps tendon has pulled, partly or completely, off its attachment on the olecranon. A complete tear means the muscle is no longer firmly connected to the bone, so the force it generates can no longer be passed on to straighten the elbow. A partial tear leaves some fibres attached, so some strength remains.

These tears almost always happen when the tendon is loaded while the muscle is contracting hard – for example, the arm is forced to bend at the very moment you are trying to straighten or brace it. Some things make the tendon more likely to give way: it is far more common in men, especially those who lift weights; **anabolic steroid use** weakens tendons and is a recognised risk; and steroid injections around the elbow, repeated elbow (olecranon) bursitis, and some medical conditions such as long-standing kidney disease can all leave the tendon more fragile. Occasionally a small **flake of bone** is pulled off with the tendon, which actually helps doctors confirm the diagnosis on an X-ray.

## What we can do about it

---

The first step is making the diagnosis. Alongside the examination, an **X-ray** is taken to look for that tell-tale flake of bone, and an **ultrasound or MRI scan** is usually used to confirm whether the tear is partial or complete and how far the tendon has pulled back.

Treatment then depends on how much tendon is torn and how much you need to use the arm:

- **Small partial tears** (less than about half the tendon) in people with lower physical demands can often be managed **without surgery** – a period in a splint with the elbow slightly bent, followed by a gradual return to movement and strengthening.
- **Complete tears**, partial tears that leave you weak, and tears in active or physically demanding people are usually best treated with **surgery to reattach the tendon** to the bone. This is done by passing strong stitches through small bone tunnels or by anchoring the tendon back onto its footprint with special implants. Repairing it early, before the tendon scars and shortens, gives the best result.

## What to expect

---

When a torn triceps tendon is repaired in good time, the results are generally very good: most people regain strong, reliable elbow extension and get back to work and sport. After surgery the elbow is protected for a few weeks and then gradually mobilised, with strengthening introduced later, so a full return to heavy lifting takes a few months rather than weeks. Your team will guide the pace.

As with any operation there are some risks to be aware of. The main ones are the tendon pulling loose again (re-rupture), which is why the early protection and a staged return to load matter, and problems with healing of the skin over the point of the elbow, where the tissue is thin. Stiffness and temporary weakness while the muscle rebuilds are normal parts of recovery.

## When to see someone

---

- A **sudden pain or pop at the back of the elbow** after a fall or a heavy lift, followed by swelling and bruising – get it assessed promptly.
- **Difficulty or weakness straightening the elbow** against gravity or resistance, or being unable to push up out of a chair with that arm.
- A **soft gap or dip** you can feel just above the point of the elbow.
- Ongoing **pain and weakness** at the back of the elbow that is not settling, even if you can still straighten the arm – a partial tear can behave this way. Earlier assessment gives more treatment options and better results.