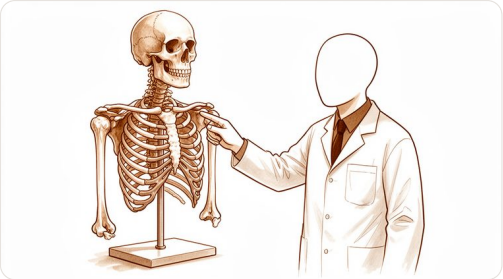
CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

REHABILITATION PROTOCOL

Distal Triceps Tendon Repair



The triceps tendon attaches to the point of the elbow (the olecranon); a distal triceps repair re-anchors it to the bone.

Kieran Hirpara 4.0

This protocol guides your recovery after surgical repair of the **distal triceps tendon** — the tendon that anchors the triceps muscle (the muscle that straightens your elbow) to the point of the elbow — with Dr Kieran Hirpara at Mater Private Hospital Rockhampton. It begins with your home exercise program, followed by the structured clinical protocol written **for your physiotherapist or hand therapist** — bring this page or its PDF to your first therapy visit so your rehabilitation stays coordinated. Your therapist may adjust the plan depending on how your recovery progresses.

If you have any concerns about your wound after surgery, get in touch with the rooms. It is often helpful to take a photo of the wound and email it for review.

What to expect

A distal triceps repair re-attaches the torn tendon back onto the bone at the point of the elbow (the olecranon). At the end of the operation, Dr Hirpara checks that the repair is safe and intact with the elbow bent to a right angle (90°). Because of that, your elbow is rested in a **simple sling at about 90°** — a comfortable, standard position. There is **no hinged brace, and the elbow is not held out near straight**. The sling comes off for your exercises and for washing.

The tendon is loaded — that is, put under strain — in two ways, and the early plan is built around protecting against both:

- **Bending the elbow stretches the repair.** So for about the first six weeks, bending is capped at 90° (a right angle). Straightening, on the other hand, relaxes the tendon, so straightening out fully is free and encouraged within comfort.
- **Actively straightening the elbow works the triceps, which pulls on the repair.** So for about the first six weeks you do not actively straighten the elbow under its own power — movement in that direction is done gently and with help, not by the triceps itself.

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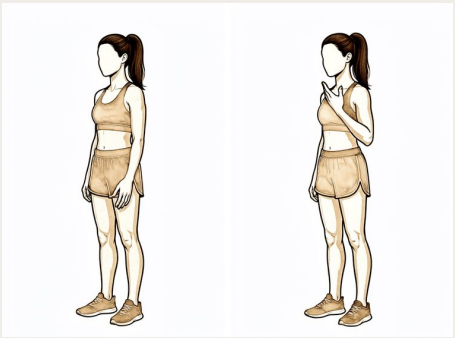
Movement is then opened up in careful stages: fuller bending from about six weeks, active straightening from about six weeks, and resisted (loaded) strengthening from about twelve weeks. The repair keeps maturing for several months, which is why heavier loading and return to sport are built back gradually rather than all at once.

Precautions and limitations

- Do **NOT** bend your elbow past a right angle (90°) for about the first six weeks — bending stretches and strains the repair. Straightening out fully is fine and encouraged.
- Do **NOT** actively straighten the elbow under its own muscle power for about the first six weeks — let it be straightened gently with help, not by working the triceps.
- Do **NOT** do any resisted straightening or push/press through the arm until about twelve weeks — no triceps kickbacks, no bench or overhead press, and no pushing up from a chair or bed with the operated arm.
- Wear your **sling at 90°** as directed (not a brace, not held straight), and do **NOT** drive while you are in it or while your arm cannot safely control the wheel.
- Keep your hand, wrist and shoulder moving from the start, and use the hand for light everyday tasks within comfort, as long as it does not involve pushing, lifting or forced bending of the elbow.

For wound, swelling and scar management, see the practice's wound care guidance.

Your exercises



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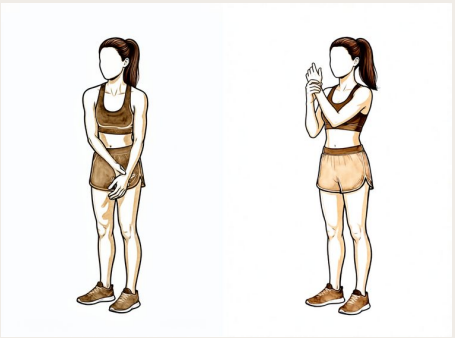
Protected elbow movement (0–90° arc)

Out of the sling, gently move the elbow within its safe range: you may straighten it fully (extension is free, to comfort), but do NOT bend it past a right angle (90°) — about as far as holding a phone to your ear. Move slowly and stay within that arc. Bending past 90° pulls on the healing tendon, so it is held back for about the first six weeks.

10 times, 2–3 times a day, within the 0–90° arc



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Assisted (passive) elbow bend

Use your other hand to gently bend the operated elbow up towards your shoulder, keeping the triceps completely relaxed — you are not pulling with the operated arm. Stop at your set limit (about 90° early on). This keeps the elbow supple without working the triceps.

10 times, 2–3 times a day, to your set limit only

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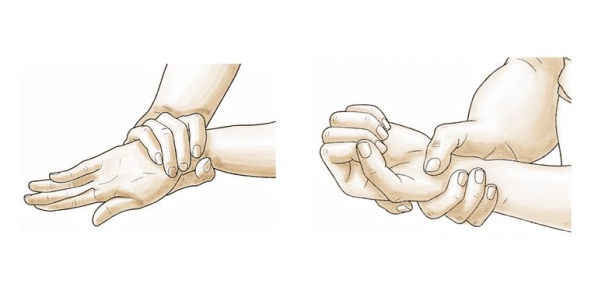

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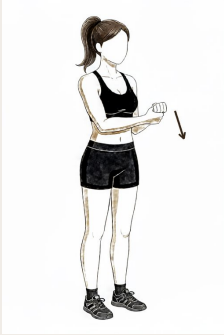
Forearm rotation (palm up / palm down)

With your elbow tucked at your side and bent comfortably, gently turn your palm up towards the ceiling, then down towards the floor. Keep it slow and easy. This keeps the forearm supple and does not load the triceps repair, so it can begin early.

10 times each direction, 2–3 times a day



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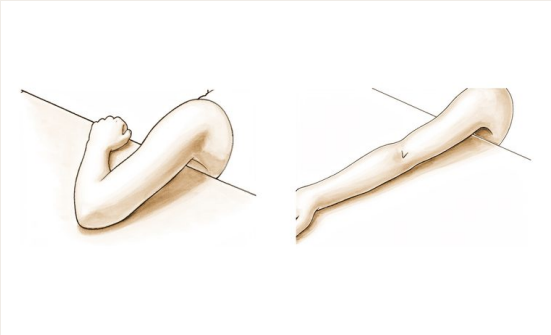
Triceps muscle-set (gentle, no movement)

A LATER exercise — only once your physiotherapist starts it (commonly from around 8 weeks). With the elbow supported, gently tighten the muscle on the BACK of your upper arm (the triceps) as if to straighten the elbow, but WITHOUT letting it actually move — a light press, hold, then relax. Do not do this in the first six weeks.

Hold ~5 seconds, 5–10 times, as guided (later phase)



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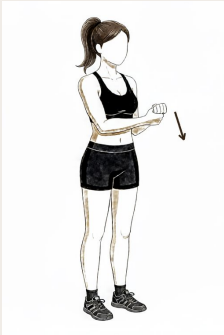
Active elbow straightening (no resistance)

A LATER exercise — begins from around 6 weeks, once cleared. Gently straighten the elbow under its own power with NO weight in the hand, then use your other hand to help lower it back down (so the triceps does not have to control the downward phase yet). Stay pain-free. There is NO active straightening in the first six weeks.

10 times, as guided (from ~6 weeks, no resistance)



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Triceps muscle-set against light hold (isometric extension)

A LATER exercise — from around 8 weeks, as guided. Press the forearm gently against your other hand or a fixed surface as if to straighten the elbow, building the effort up only to a light, comfortable level, holding without the elbow moving. This wakes the triceps up before resisted work is allowed.

Hold ~5 seconds, 5–10 times, as guided (later phase)

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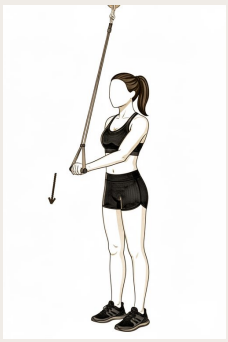

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Resisted elbow straightening with a band (late strengthening)

A LATE exercise — only once resisted work is cleared, commonly from around 12 weeks. Straighten the elbow against a light resistance band, then control it slowly back. Build the resistance up gradually over several weeks. This directly loads the repaired tendon, so it is the last thing to start — never rush it, and stop if it is painful.

As guided by your physiotherapist (from ~12 weeks only)

These are the exercises from your handout. Start them only as guided by Dr Hirpara and your physiotherapist, staying within whatever range and limits you have been given. The early exercises keep the elbow and forearm moving **without working or stretching the repair** — gentle movement within the protected 0–90° arc, assisted bending, and forearm rotation. The triceps muscle-sets, active straightening and band work belong to **later phases** and should not be started until you are specifically cleared. Stop anything that causes sharp pain at the back of the elbow.

Your clinical protocol

The rest of this page is the staged clinical protocol for rehabilitation after distal triceps tendon repair. This section is to be provided to your physiotherapist or hand therapist, and each phase opens with a plain-English explanation of what is happening. The repair is loaded by elbow **flexion** (which stretches it) and by **active or resisted extension** (which contracts the triceps onto it), so the protocol protects both while restoring motion, then active extension, then resisted strength.

Prior to treatment, check the patient's operation report and past medical history, and liaise with the treating surgeon regarding the fixation (transosseous tunnels vs suture-anchor footprint), tissue quality, and the protected arc. Dr Hirpara's repair is checked intra-operatively to be safe at 90° of flexion and is rested in a simple sling at 90° (no hinged brace, not held in extension); the protected arc is 0–90° with extension free to comfort and flexion capped at 90°.

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PHASE I — PROTECTED MOTION IN A 90° SLING (WEEKS 0 TO 6)

The first six weeks protect the repair while keeping the elbow from stiffening. The arm rests in a simple sling at 90°, off for exercises and hygiene. The elbow moves only within the protected **0–90° arc** — straightening out fully to comfort, but not bending past a right angle — and never under active triceps power.

For your physiotherapist:

Education and precautions - Immobilise in a **simple sling at 90°** (no hinged brace, NOT held near extension); off for exercises and washing - Protected arc **0–90° only**: extension free to full/comfort; flexion **not past 90°** - **No active or resisted elbow extension** (active triceps contraction loads the repair) - No weight-bearing or pushing through the operated arm; light unloaded hand use within comfort - Keep shoulder PROM gentle early (protects the long head crossing the shoulder)

Management - Wound: surgical dressings as directed; monitor for infection - Oedema: elevation, gentle hand pump, ice as needed - Exercises: AAROM/PROM elbow within **0–90°** (extension to comfort, flexion capped at 90°); active wrist, hand and grip ROM; gentle shoulder ROM; gentle forearm rotation; **no active extension**

Criteria to progress - Wound healed; comfortable, controlled 0–90° arc at around six weeks

PHASE II — ADVANCING FLEXION AND STARTING ACTIVE EXTENSION (WEEKS 6 TO 12)

From about six weeks the flexion cap is released and bending is progressed past 90° towards full. Active straightening (extension) is introduced **without resistance**, and the triceps is gently re-activated with isometrics. Resisted extension and weight-bearing are still withheld.

For your physiotherapist:

Assessments - Active and passive range of motion (flexion now progressing past 90°, extension); pain and swelling; wound/scar review

Education and precautions - Progress flexion **past 90° toward full** gradually from around six weeks - **No resisted extension and no weight-bearing through the arm until 12 weeks**

Management - Exercises: **weeks 6–8** begin **active concentric extension with NO resistance**, pain-free range (assist the lowering/eccentric phase with the other arm); **week 8** light submaximal triceps isometrics; continue full-arc mobility and forearm rotation; commence scar management once healed

Criteria to progress - Full painless ROM; full active extension with good control; pain ≤ 3/10

PHASE III — STRENGTHENING AND RETURN (WEEKS 12 TO 16 AND BEYOND)

Once movement is restored and resisted work is cleared (around twelve weeks), strengthening begins and is built up gradually: resisted triceps work (concentric then eccentric), then light closed-chain weight-bearing, then limited-range pressing. Return to sport is criterion-based, at the earliest around five to six months.

For your physiotherapist:

Assessments - Triceps strength versus the other side; pain/swelling response to loading; functional and sport-/work-specific testing as appropriate

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Education and precautions - Begin **resisted triceps strengthening** (concentric → eccentric) from around 12 weeks; build load gradually - Closed-chain weight-bearing from around 12 weeks (start light, small range); light pressing (push-ups, limited range) from around 14 weeks

Management - Exercises: progressive resisted elbow extension (band → light weights); graded closed-chain loading; limited-range pressing; continue any residual mobility work - Consider discharge once strength is near-symmetrical and a suitable return of function is achieved - Consider referral back to the treating doctor if recovery plateaus or there is a poor outcome

Criteria for return to sport - 5/5 triceps strength; pain-free high-velocity and sport-specific control

Getting back to work and activity

Light everyday hand use — eating, writing, light self-care — is encouraged from the start, within comfort, as long as it does not involve pushing, lifting or bending the elbow past its limit. Because you must not drive while the arm is in the sling or unable to safely control the wheel, plan for help with transport in the early weeks; driving resumes once you are out of the sling and can control the car, as confirmed at your review.

Resisted loading and weight-bearing through the arm — pushing, pressing, lifting and pulling — wait until about **twelve weeks**, and are then built up gradually. **Return to sport is at the earliest around five to six months**, and is based on regaining full pain-free movement and adequate, symmetrical triceps strength — judged by Dr Hirpara and your physiotherapist, not by the calendar alone. Heavier manual work follows the same criterion-based progression.

After your protocol

This protocol works alongside the practice's general recovery advice — see managing post-operative pain, wound care and returning to sport. The phased plan above reflects published rehabilitation guidance after distal triceps tendon repair, and your ongoing recovery is guided individually by Dr Hirpara and your physiotherapist according to how your elbow progresses.

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