

UCLA OUTPATIENT REHABILITATION SERVICES	
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TRICEPS TENDON REPAIR PHYSICAL THERAPY PRESCRIPTION

Diagnosis: s/p (LEFT / RIGHT) Triceps Tendon Repair

Date of Surgery: _____

PHASE 1: POST SURGERY: TENDON HEALING (WEEKS 0-2)

Goals:

Tendon Healing

Precautions:

No Passive/Active elbow motion

Sling and splint use

Treatment Recommendations:

FORMCHECKBOX Shoulder Pendulum exercises

FORMCHECKBOX Active wrist and finger motion

Criteria for Advancement to Phase 2:

2 weeks

PHASE 2: EARLY MOTION (WEEKS 2-6)

Goals:

Increase elbow motion

Precautions:

No Active elbow extension

Protected motion in hinged elbow brace

Treatment Recommendations:

FORMCHECKBOX Active elbow flexion

FORMCHECKBOX Light Passive elbow extension

FORMCHECKBOX Active supination and pronation

Criteria for Advancement to Phase 3:

6 weeks post-op

Full pronation and supination

PHASE 3: MOTION AND LIGHT STRENGTHENING (WEEKS 6-12)

Goals:

Increase motion

Precautions:

No heavy weights

Treatment Recommendations:

- FORMCHECKBOX Active elbow flexion
- FORMCHECKBOX Active supination and pronation
- FORMCHECKBOX Active assisted elbow extension
- FORMCHECKBOX Begin light isometric weight training

Criteria for Advancement to Phase 4:

PHASE 4: ADVANCED STRENGTHENING, TRANSITIONS TO SPORT SPECIFIC TRAINING (WEEKS 12-18)

Treatment Recommendations:

- FORMCHECKBOX Increase weights

RETURN TO SPORT (AFTER POST-OP WEEK 16):

Treatment Recommendations:

- FORMCHECKBOX Progressive return to sport
- FORMCHECKBOX Include a 5-10 minute cardiovascular warm-up
- FORMCHECKBOX Ensure one rest day in between each session
- FORMCHECKBOX Continue stretching and strengthening exercises on rest days
- FORMCHECKBOX Follow a sport specific interval program

Treatment: _____ times per week ___ Home Program

Duration: _____ weeks

**Please send progress notes.

Physician's Signature: _____ **Date:** _____
Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon

Place label here

NAME OF PATIENT: _____

MRN: _____

Kristofer J. Jones, M.D.

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