

Physical Therapy Prescription – Distal Triceps Rehab Protocol

Name:

Procedure: R / L

Frequency: 2-3 times per week for _____ weeks

PHASE I (Weeks 2 - 6): decrease edema

- Brace: To be worn at all times except bathing. Locked at 30 degrees for weeks 2-6
- Range of Motion: Full passive extension.
 - Week 2: PROM 40° flexion
 - Week 3: PROM 60° flexion
 - Week 4: PROM 75° flexion
 - Week 5: PROM 90° flexion
 - Full pain free ROM. Emphasize full extension.
- **TherapeuticExercises:** Gentle hand/wrist/elbow/shoulder stretching, isometric hand/wrist/ shoulder strengthening
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 6 – 8)

- Brace: To be worn at all times except bathing.
- Range of Motion: Full extension
 - Week 6: PROM to 110° flexion
 - Week 8: PROM to 130°
- TherapeuticExercises: May begin AROM tricep activity without resistance
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 9 - 12)

- Range of Motion: Full
- **TherapeuticExercises:** No active tricep resistance. Begin AROM tricep activity with light resistance. Open-chain rotator cuff strengthening can begin with light weights.
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase IV (Weeks 12 - 6 months)

- Rangeof Motion:Full
- **TherapeuticExercises:** Closed chain and co contraction shoulder strengthening. Gradual introduction of throwing activities and plyometrics.
- **Modalities:** Pertherapist, including electrical stimulation, ultrasound, heat (before), ice (after)
- **Goals for Discharge:** Full strength of triceps, shoulder musculature.

Signature: _____

Date: _____

Date of Surgery: _____

Date: _____