



Triceps Reconstruction/Repair

Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off (if a nerve block was performed). This can be helped by oral pain medication. It is safe and normal.
- Cold therapy – This will greatly reduce pain and will help with swelling for the first three days. You may use it 20 minutes on, 20 minutes off, as often as you wish. Always keep a cloth barrier, such as a towel, between the cold and your skin.

Medication

- For anticoagulation—if you are >19yo, you must take one 81mg aspirin twice a day for two weeks to help prevent blood clots
- For antiinflammation – meloxicam 15mg once a day for four weeks as tolerated for post-op inflammation
- For nausea – Zofran (ondansetron) as needed. This was sent to your pharmacy on file.
- For pain – a narcotic pain medication (Norco) will be prescribed for you if it is deemed safe with your history and allergies. Due to risk of addiction, use only if needed. Try to manage your pain with ice, ibuprofen, and Tylenol and use the narcotic sparingly. Some patients find they do not need the narcotic at all. Common side effects such as constipation, nausea and cognitive impairment may occur. Tylenol and ibuprofen can be used as stepdown medications and are recommended as soon as possible. It is very common to use the pain medication at night to help sleep better or around the time of therapy so you can participate more comfortably.
- For constipation – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.

Activity

- Please keep the elbow immobilized in splint/cast for the first 2 weeks
- Wear the sling while sleeping. You may find sleeping in a recliner to be more comfortable for the first few weeks.
- Periodic standing and walking is encouraged to decrease the risk of blood clots.
 - If seated, perform ankle pumps and circles to promote lower extremity blood flow.
- Physical therapy usually begins a few weeks after surgery. Further instructions will be given at your first post-op appointment.

Wound Care

- If you are in a plaster splint post-operatively, please do not remove or touch it. It will be removed at your first post-operative appointment by our staff.
 - Do not get the cast/splint wet—this means leaving the arm out for showering, covering with a bag, etc.
- If the cast/splint feels too tight, call our office and we can see you earlier than your first post-op visit. We may have to split the cast.

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

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Call your physician if:

- You develop a temperature over 100.3 degrees.
- You notice any drainage of the incisions 5 days or later after surgery.
- The shoulder becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have persistent pain and / or swelling in your calf.
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.



Physical Therapy Protocol

- 0-2 weeks
 - Long arm cast/splint
 - No active elbow extension for the first 6w
 - ROM
 - AROM/PROM of shoulder in all planes while in splint
 - Wrist/hand/finger full AROM in splint
 - Strengthening
 - Scapular
 - Shoulder shrugs
 - Modalities including heat, stim, TENS, ice as needed
- 2-8 weeks
 - Hinged elbow brace allowing 30-60 degrees to start
 - Brace at all times except during PT/HEP or hygiene
 - ROM
 - PROM only for elbow extension the first 6w (no active elbow extension for the first 6w, can initiate AROM at 6w)
 - Progress ROM
 - Week 2-3: 30-60 degrees
 - Week 4-5: 15-90 degrees
 - Week 6-7: 10-110 degrees
 - Week 8: 0-125 degrees
 - Forearm: AAROM pronation and supination, can progress to AROM pronation and supination at 4w
 - Shoulder AROM in brace
 - Strengthening (in brace)
 - Isometric shoulders
 - Supine/standing rhythmic stabilizations
 - Wrist/hand grip strengthening
 - Standing flexion and scaption
 - Side-lying ER
 - Isometric biceps pain free at 6w
 - Modalities including heat, US, ice, scar mobilization, joint mobs as needed
- 8-12 weeks
 - ROM
 - Progress to full ROM of elbow, d/c brace after week 8 if adequate motor control
 - Initiate UBE light resistance
 - Ball roll-outs on table
 - Wall walk
 - Pulley
 - Strengthening
 - Tricep/elbow extension progression
 - Can initiate AROM at 6w
 - Can initiate light theraband resistance at 8w
 - Theraband IR/ER shoulder
 - Theraband bicep extension
 - Prone dumbbell Therex
 - Rhythmic stabilization
 - Manual
 - Passive elbow extension if lacking



- Joint mobs as needed to regain full flexion
- At week 10, can begin passive or contract relax to gain full flexion if still lacking
- 12+ weeks
 - Progress strengthening with increase in resistance and repetition
 - Bicep curls with dumbbells
 - Initiated IR/ER exercises at 90 degrees abduction
 - Progress rhythmic stabilization activities including standing PNF patterns with tubing
 - Initiate plyotoss—double arm progress to single arm
 - Initiate sport specific drills and functional activities
 - Can initiate interval throwing program and light upper body plyometric programs at weeks 16-20
 - Progress isokinetics to 90 degrees abduction at high speeds