



Olecranon Fracture / Triceps Tendon Repair

Post-Operative Rehabilitation Protocol

Lake Cook Orthopedics

Operative repair of olecranon fractures and triceps tendon ruptures involves repairing the bones and/or tendons that extend the elbow. This repair needs to be protected while it heals which takes approximately 8-10 weeks. The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone this repair. This protocol is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon

Phase 1: **Time Frame:** 0-6 weeks

Immobilization / Weight Bearing Status: Elbow immobilizer.

Restrictions: Full passive extension is allowed. Limit flexion to 90°. Avoid forceful stretch; stretch to tolerable discomfort only, avoid pain. Avoid weight bearing on operative arm.

Exercises: Initially focus on regaining terminal extension and flexion to 90° (passive extension-active flexion).

Phase 2: **Time Frame:** 6-12 weeks

Immobilization: None

Restrictions: Don't advance elbow flexion more than 10° per week. Avoid forceful stretch; stretch to tolerable discomfort only, avoid pain. Avoid weight bearing on operative arm until 8 weeks post-op, then WBAT. No resistance strengthening until 8 weeks post-op.

Exercises: Gradually increases ROM exercises and strengthening within limits of restrictions listed above.

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Phase 3: **Time Frame:** 12-26 weeks

Immobilization: None

Restrictions: Exercise advancement should be gradual and in slow increments while avoiding pain. If patient develops pain, drop back to early phase of rehabilitation, until pain free. No ROM restrictions. Avoid forceful eccentric contractions, impact activities and exercises that create movement compensations.

Exercises: Continue with PROM, AAROM and AROM and strengthening exercises. Progression should be gradual and in slow increments while avoiding pain.