ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

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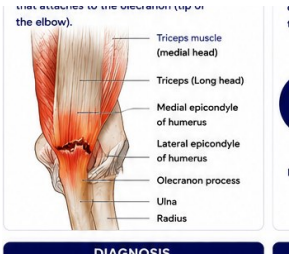
UPPER EXTREMITY CONDITION

Distal Triceps Rupture

Distal Triceps Tendon Tear at the Elbow — Patient Condition Guide



The triceps tendon torn from the tip of the elbow (olecranon) · for education; your anatomy may differ

OVERVIEW

A distal triceps rupture is a tear of the triceps tendon at its attachment to the elbow, an uncommon but significant injury usually caused by a fall onto an outstretched, bent arm or a forceful resisted extension.

ANATOMY

The triceps tendon anchors the triceps muscle to the olecranon (the tip of the elbow), and is the primary tendon responsible for straightening the elbow against resistance.

SYMPTOMS

- Pain and swelling at the back of the elbow
- A palpable gap above the elbow tip
- Weakness or inability to straighten the elbow against resistance
- Bruising over the back of the arm

DIAGNOSIS

Exam often reveals a palpable defect and weak resisted extension. MRI confirms the tear and its severity, distinguishing partial from complete ruptures.

TREATMENT OPTIONS

Complete tears are almost always treated with surgical repair, since the triceps has limited capacity to heal on its own when fully torn. Partial tears with preserved strength may be managed non-surgically with bracing.

RECOVERY TIMELINE

- Weeks 0–6: brace with restricted motion to protect the repair
- Weeks 6–12: progressive active motion
- Months 3–4: strengthening

— Months 4–6: return to full activity

FAQS

Q Is surgery always needed for a triceps tear?
Complete tears typically require surgical repair; smaller partial tears with good strength may be treated without surgery.

Q How long is my arm restricted after repair?
Motion is protected for several weeks to allow the tendon to heal securely before more active rehab begins.

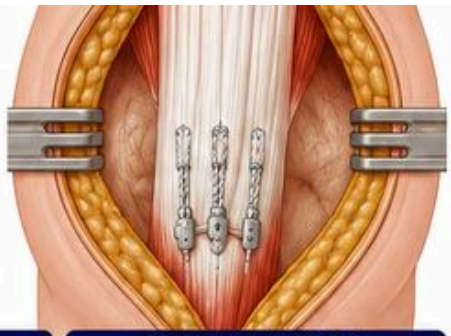
SCAN FOR THE LATEST VERSION ONLINE
robertpettitmd.com/handouts/distal-triceps-rupture.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.

TRICEPS TENDON TEAR

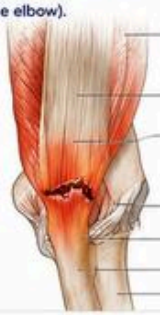
UNDERSTANDING YOUR INJURY & TREATMENT OPTIONS

The triceps muscle at the back of your upper arm straightens your elbow. The triceps tendon attaches the muscle to the olecranon (tip of the elbow). A tear usually occurs suddenly during activities or falls and can cause loss of strength and ability to straighten the elbow.



ANATOMY

The triceps muscle has three heads that come together to form a single tendon that attaches to the olecranon (tip of the elbow).



HOW IT HAPPENS

A sudden, forceful contraction of the triceps muscle or a direct fall onto a bent elbow can cause the tendon to partially or completely tear from the bone.

- Fall onto bent elbow
- Pushing up from a chair or floor
- Sports or sudden forceful activity

COMMON SYMPTOMS

- Sudden pain or "pop" in the back of the elbow
- Swelling and bruising around the elbow
- Weakness or inability to straighten the elbow
- Visible deformity or a "gap" above the elbow
- Loss of strength, especially with pushing or lifting

DIAGNOSIS

Your doctor will perform a physical exam and may order imaging to confirm the diagnosis and determine the severity.

Physical Exam
Tests strength, range of motion, and looks for deformity or a gap.

MRI
Best test to confirm the tear and assess retraction.

Ultrasound
May be used to confirm the tear and assess retraction.

TEAR TYPES

Partial Tear
The tendon is partially torn but still attached to the olecranon.

Complete (Retracted) Tear
The tendon is completely torn and has pulled away from the bone.

Chronic Tear
A tear that has been present for several weeks or months.

WHO IS AT RISK?

- Athletes (weightlifters, football players, basketball players, baseball players, wrestlers)
- Individuals who perform heavy pushing or overhead activities
- Males 30–60 years old (most common)
- Previous steroid injections or chronic tendon issues

TREATMENT OPTIONS

1. NON-SURGICAL TREATMENT (PARTIAL TEARS)

- Rest and activity modification
- Physical therapy
- Ice and anti-inflammatory medications
- Bracing as needed

GOAL: Reduce pain and restore strength and function. Not all partial tears heal completely without surgery.

2. SURGICAL TREATMENT (COMPLETE TEARS)

Surgical repair is recommended for complete tears to restore strength and function.

The torn tendon is reattached to the olecranon using suture anchors and strong sutures.

GOAL: Restore anatomy, strength, and function to return to work, sports, and daily activities.

3. POST-OP REHABILITATION (TYPICAL TIMELINE)

- **0–2 WEEKS** Immobilization in a splint or brace; control pain and swelling.
- **2–6 WEEKS** Begin gentle range of motion.
- **6–12 WEEKS** Gradual strengthening and light functional activities.
- **3–6 MONTHS** Progressive strengthening and return to sports/work when cleared.
- **6+ MONTHS** Return to full, unrestricted activity (typically 6–9 months).

EXERCISES THAT CAN HELP (AFTER SURGERY – AS DIRECTED BY YOUR THERAPIST)

WRIST FLEXION/EXTENSION
Gently bend your wrist up and down.

FOREARM SUPINATION/PRONATION
Turn your palm up and down.

ELBOW FLEXION (AAROM)
Use your other arm or a stick to help bend your elbow.

ELBOW EXTENSION (AAROM)
Use your other arm or a stick to help straighten your elbow.

TRICEPS ISOMETRIC
Gently press your hand into a wall without moving your elbow.

GRIP STRENGTHENING
Squeeze a soft ball or therapy putty.

PREVENTION TIPS

- Use proper technique and body mechanics
- Strengthen triceps and surrounding muscles
- Warm up before activity
- Avoid sudden, forceful pushing or overhead loads

- Sudden pain or "pop" in the back of the elbow
- Inability to straighten the elbow
- Weakness with pushing or lifting
- Visible deformity or gap above the elbow
- Pain that does not improve with rest

Scan for exercise videos and more information about triceps tendon tears.

This information is for educational purposes only and is not a substitute for professional medical advice.
Please consult your orthopedic surgeon for an accurate diagnosis and personalized treatment plan.

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For patient education; your anatomy may differ.