The patient was a 47-year-old man who was evaluated by a physical therapist for a chief complaint of posterior right elbow pain. The patient routinely participated in weightlifting activities and reported a sudden onset of triceps weakness and posterior elbow pain while performing clap push-ups 3 days prior. The patient had used a prescription testosterone cream for hypogonadism for the past 18 months; his past medical history and general health screen were otherwise unremarkable.

The patient worked as a health care provider and was evaluated by a physical therapist colleague on the day of injury. The colleague ordered radiographs, which were initially interpreted as normal, and routine magnetic resonance imaging for the right elbow.

Visual observation by the physical therapist revealed moderate proximal forearm edema. Passive range of motion for the right elbow was within normal limits. However, due to pain and weakness, the patient could not fully extend his elbow or maintain terminal elbow extension against gravity. Due to concern for a triceps tendon tear, the physical therapist expedited the previously ordered magnetic resonance imaging, which revealed a partial triceps tendon tear with partial tendon retraction medially (FIGURES 1 and 2).

The patient was evaluated by an orthopaedic surgeon, who recommended nonsurgical intervention. At 10 months following injury, the patient had resumed upper extremity weightlifting activities involving the triceps muscle, but with decreased loads by a factor of 25% to 33%.

The opinions expressed herein are those of the authors and do not necessarily reflect the opinions of the Department of Defense, the US Army or other federal agencies.