HaysMed

Ulnar Collateral Ligament Reconstruction

General Principles:
This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

NOTE: Ligament testing should only be performed by the physician throughout the protocol.

PHASE I: (Immediate)

Week 1

Orthotics-
1. Posterior splint at 90˚ of elbow flexion at all times

Modalities (PRN)-
1. Ice, compression, and elevation as needed
2. Electrical stimulation for pain or muscle re-education
3. Ice for 20 minutes following exercises throughout the protocol

ROM-
1. Shoulder and Wrist Active and Passive ROM as tolerated
2. NO Elbow ROM at this time.

Exercises-
1. Hand gripping
2. Wrist AROM into all planes
3. Shoulder AROM and PROM as tolerated
    a. NO Shoulder External Rotation
4. Shoulder Isometrics
    a. Sub-maximal, sub-painful initially, progress as tolerated
    b. Flexion, Extension, Abduction, Adduction only
    c. NO Internal Rotation or External Rotation
5. Biceps Isometrics

Week 2

Orthotics-
1. Application of functional elbow brace with ROM set from 30˚ to 100˚ at all times

Modalities (PRN)-
1. Continue Phase I modalities

ROM-
1. Wrist and Shoulder ROM to full as tolerated
    a. NO Shoulder External Rotation
2. Elbow active and passive ROM from 30˚ to 100˚

Exercises-
1. Continue Week 1 exercises
2. Wrist Isometrics

(cont'd week 2)

3. Elbow extension Isometrics
4. Scapular Isometrics

Week 3

Orthotics-
1. Functional elbow brace with ROM set from 15˚ to 110˚ at all times

Modalities (PRN)-
1. Continue Phase I modalities

ROM-
1. Wrist and Shoulder ROM to full as tolerated
    a. May Initiate GENTLE Shoulder External Rotation in brace
2. Elbow active and passive ROM from 15˚ to 110˚

Exercises-
1. Isotonic Wrist strengthening, all planes 1-3#
2. Scapulo-Thoracic strengthening
    a. Progress resistance as tolerated

PHASE II: (Intermediate)

Week 4 – 5

Orthotics-
1. Functional elbow brace with ROM opened to full flexion

Modalities (PRN)-
1. Continue Phase I modalities as needed

ROM-
1. Shoulder and Active and Passive ROM progressing to full as tolerated
2. Elbow active and passive ROM from 10˚ to 120˚

Exercises-
1. Continue light shoulder strengthening ex 1-3#
2. Active shoulder Isotonics week 5
    a. flexion, abduction, elevation
    b. Light resistance only (1-3#)
3. Internal and external rotation isometrics (sub-max, sub-painful)

PHASE III: (Strengthening)

Week 6 – 8

Orthotics-
1. Discontinue brace pending surgeon approval

(cont'd week 6-8)

Modalities (PRN)-

1. Continue modalities as needed

ROM-
1. Shoulder and Elbow Active and Passive ROM progressing to full as tolerated
2. May progress out of functional brace for exercises to full ROM

Exercises-
1. Continue Phase II exercises as tolerated
2. Start Isotonic elbow flexion and extension with light resistance
3. Isotonic rotator cuff strengthening
4. May initiate Throwing Athlete exercise program
5. Progress to more resistance on shoulder and elbow strengthening

Week 9 – 10

Orthotics-
1. May discontinue use of functional elbow brace for daily activities
2. Continue to use brace for exercises

Modalities (PRN)-
1. Continue only as needed

ROM-
1. Maintain full active and passive shoulder and elbow ROM

Exercises-
1. Initiate resisted Diagonal patterns
2. May progress to rotator cuff strengthening at 90/90 position
3. May add isokinetic elbow and rotator cuff strengthening if available
    a. 180 to 300 degrees per second
4. Resisted shoulder diagonal patterns

PHASE IV: (Advanced Strengthening)

Week 11- 15

Exercises-
1. Continue Phase III exercises as tolerated
2. Plyometrics
    a. 2 arm activities only
    b. Overhead toss, diagonal chops, chest pass, etc
    c. Progress to 1 arm Plyometrics at **Week 14**
3. May initiate light sports activities
    a. Interval Golf program, swimming, etc

Week 16 – 22

Exercises-
1. Continue aggressive strengthening program
2. Initiate Interval Throwing Program (Phase I)
    a. Emphasis on proper throwing mechanics

3. Elbow, Wrist, and Shoulder flexibility exercises with return to throwing

Weeks 23 – 27

Exercises-

1. Progress to Interval Throwing Program (Phase II)

Weeks 28+

1. Isokinetic Test at 180, 240, and 300 degrees per second, if requested by surgeon, and full release to sport activity. General goal for full release to sport activity is 85% strength compared to uninvolved limb.
2. No throwing in competition until 10 months post-op

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