



Ulnar Collateral Ligament Reconstruction

Post-Operative Rehabilitation Protocol

Lake Cook Orthopedics

The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone an UCL reconstruction. This protocol is 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:** 0-2 weeks

Immobilization: Splint/brace/sling - 70-90 degrees of flexion

Restrictions: Avoid valgus stress to elbow (includes limiting shoulder ER)

Exercises: Gripping exercises, wrist and finger ROM

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

Immobilization: Hinged elbow brace. Initially the terminal 30 degrees of extension and 100 degrees of flexion are blocked.

Restrictions: Avoid valgus stress to elbow (includes limiting shoulder ER)

Exercises: Gradually increases ROM exercises. Wrist and elbow isometrics are initiated. Begin shoulder isometrics (scapula, abduction and external rotation, avoid IR resistance). Manual scapular stabilization exercises are begun. Modalities used as needed.

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Phase 3: **Time Frame:** 6-10 weeks

Immobilization: None

Restrictions: Avoid valgus stress to elbow (includes limiting shoulder ER to neutral and shoulder IR strengthening)

Exercises: Advance Elbow ROM (Active and Passive) to Full. Advance progress shoulder, elbow and wrist strengthening exercises as well as ergometer endurance training.

Phase 4: **Time Frame:** 10-14 weeks

Immobilization: None

Restrictions: No specific restrictions. Patients ROM, strength and endurance should be advanced progressively while avoiding pain.

Exercises: ROM should be restored; if not, continue to address with stretching and a HEP. Aggressive upper-body strengthening and begin plyometric training.

Phase 5: **Time Frame:** 14+ weeks

Goal: Restore normal elbow function and progress to return to sport.

Restrictions: No specific restrictions. Advance progressively while avoiding pain. If the patient develops pain they are to return to earlier stage of rehabilitation.

Exercises: Aggressive upper-body strengthening and with initiation of plyometric training and sports specific training. Return to throwing program is started for throwers. Begin light toss from 30-40 feet for 10-15 minutes during 2-3 sessions weekly. The distance is increased to 60 feet at 5 months after surgery with an easy wind-up added at 6 months. At 7-8 months pitchers can return to the mound and effort progresses from 50% to 70% velocity by the eighth or ninth month. Competitive throwing is permitted at 12 months if upper-body range of motion and strength are normal and the arm is pain-free.