

Elbow UCL/MCL Reconstruction Protocol

Name:	Date:
Diagnosis:	
Date of Surgery	
Frequency: 1 2 3 4 times/week	
Duration: 1 2 3 4 5 6 Weeks	

Week1:

- Elbow is immobilized in the Bledsoe Brace or splint at 75 degrees flexion (7-10 days) with wrist free but in sling.
- Dressing changed at 7-10 days after surgery

Week 2:

- Begin active range of motion in the brace.
- Brace adjusted to 30 degrees (locked) extension to full flexion
- May begin grip strength in brace

Week 4:

- Discontinue the use of the Bledsoe Brace
- Shoulder and elbow ROM, PROM, AAROM, AROM, advance as tolerated
- Begin muscle strengthening exercises for wrist, forearm, elbow and shoulder
- Advance strengthening as tolerated (avoid aggressive weight-lifting until 12 weeks after surgery, especially chest flies or other lifts that directly stress the ligament
- Valgus stress on the elbow is avoided until at least 2 months after surgery
- Total body conditioning/ aerobic training may begin

Month 4:

- May begin an interval-throwing program progressing from 45 ft up to 180 ft.
- Pitchers are not asked to throw past 120 ft, infielders are not asked to throw past 150ft.
- The player may progress from one distance level to the next when the following criteria are met:
 - o There is no pain or stiffness while throwing
 - There is no significant pain or stiffness after throwing
 - \circ Strength is good throughout the final set with little fatigue
 - The throwing motion is effortless and fundamentally sound
 - o Accuracy is consistent and throws are online
- For Pitchers, the mound program begins at the completion of the 120 ft level.
 - The catcher is initially moved forward, but throwing with a pitching motion is reserved for the mound
 - No flat ground pitching is allowed



Months 9-12:

- Return to competition is permitted when the following conditions are met:
 - Trunk, scapula, shoulder and arm muscle strength and balance have returned to normal
 - There is no pain while throwing

Throwing balance, rhythm, and coordination have been reestablished

Comments:

___ Functional Capacity Evaluation ___ Work Hardening/Work Conditioning ___ Teach HEP

Modalities:

- ___ Electric Stimulation ___Ultrasound __Iontophoresis __Phonophoresis
- ____TENS ___ Heat before/after ___ Ice before/after ___ Trigger points massage
- ___ Therapist's discretion
- __ Other____

Signature:	Date:
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