

# 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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