



# Brian Waterman, MD

SPORTS MEDICINE & ORTHOPEDICS

## LATERAL ULNAR COLLATERAL LIGAMENT REPAIR (ELBOW) PROTOCOL

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Surgery \_\_\_\_\_

Frequency: 1 2 3 4 times/week    Duration: 1 2 3 4 5 6 Weeks

### Weeks 1-6:

- Splint and postop dressing remains in place for the first week.
- Hinged Elbow Brace worn at all times (after the initial dressing removed)
- Avoid varus forces across the elbow until 3 months postop.
- Initiate elbow exercise program 5 times per day:
  - Passive and active elbow ROM to full flexion
  - Elbow extension to 30 (with forearm pronated) week 2
  - Elbow extension to 20 (with forearm pronated) week 3
  - Elbow extension to 10 (with forearm pronated) week 4
  - Elbow extension to 0 (with forearm pronated) week 5
  - Forearm pronation/supination ROM with elbow at 90 degrees flexion
- Grip and wrist/hand AROM immediately.
- Perform supination ROM only with the elbow flexed to 90 degrees.

### Weeks 6-12:

- Advance ROM:
  - Full elbow and forearm ROM out of brace
  - Terminal elbow extension performed with the forearm neutral or pronated until 3 months.
- Initiate elbow and forearm strengthening.
- Avoid varus forces across the elbow until 3 months postop.
- Avoid activities creating axial load to involved extremity until 3 months postop.

### Weeks 12-24+:

- Advanced to full ROM as tolerated with passive stretching at end ranges
- Advance strengthening as tolerated: isometrics - bands- light weights (1-5 lbs);
- Begin eccentrically resisted motions, plyometrics (ex. Weighted all toss), proprioception (ex. body blade)
- Begin sports related rehab at 4 ½ months, including advanced conditioning
- Return to throwing at 6 months
- Collision sports at 9 months
- MMI at 12 months

### 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: \_\_\_\_\_