

**Ulnar Collateral Ligament Reconstruction
Rehabilitation Protocol
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Phase	Time	Exercises/Activities/RESTRICTIONS	Goals
Early	0-3 weeks	Week 1: posterior splint at 90° elbow flexion Week 2: elbow brace 25-100° Week 3: elbow brace 15-115° Elbow passive ROM Soft tissue mobilisation Wrist active ROM Shoulder isometrics (no external rotation) Biceps/triceps isometrics Elbow flexion/extension AAROM	Protect healing tissue Decrease pain/inflammation
Phase I	4-6 weeks	Week 4: elbow brace 5-125° Week 5: elbow brace 0-135° Week 6: discontinue brace Progress previous phase exercises Wrist curls and wrist extension (1 lb) Pronation/supination (1 lb) Elbow flexion/extension (1 lb) Theraband row/IR/ER (to neutral only) Side-lying ER (to neutral only) Standing scapation	Gradual increase in ROM Promote healing of repaired tissue Regain/improve muscular strength
Phase II	6-12 weeks	Forearm strengthening (emphasis on flexion/pronation) UBE Seated row machine Front pulldown machine Manual resisted/rhythmic stabilization with side-lying ER/scaption Week 8: Chest pass, side throw close to body Week 10: Side to side throws, soccer throws Week 12: Golf/swimming/interval hitting	Increase endurance/strength/power Maintain full elbow ROM Initiate upper extremity plyometrics Gradually initiate sport-specific activities
Phase III	12-16 weeks	6-8 lb medicine ball chest pass focussing on extension follow-through Body blade (ER/IR/push+pull) Supine dumbbell press 90-90 ball taps (1-2 lb medicine ball) One hand baseball throws into wall	Progress endurance/power Normalise shoulder/forearm strength
Phase IV	16 weeks	Initiate interval throwing program	Return to competitive sports at 30-32 weeks postoperatively



Post-Operative Instructions

ON THE DAY OF SURGERY:

Ice: Use ice or the cold therapy unit over the shoulder for 15 minutes every 1 to 2 hours to decrease pain and inflammation.

Pain medication: You will be given a prescription for a narcotic for pain control. Begin taking the pain medication as prescribed as soon as you have pain. Do not wait until you are in severe pain before taking them as it takes 30 to 45 minutes to work. You should be able to stop taking the pain medicine within two to three weeks. Avoid taking Tylenol while you are taking the narcotic as they both contain acetaminophen which can be dangerous to your liver in high amounts.

Eating: Begin eating with liquids and light foods (jello, soup, bread). Progress to your normal diet slowly over the 24 hours following surgery. The narcotics can make you nauseous, so take them with food whenever possible.

DAY 1 AND UNTIL POST-OP VISIT:

Dressings: Keep the splint on the surgical site until your first post-operative visit— usually 5-7 days after your surgery. This decreases the risk of post-operative infection.

Bathing: You may bathe after your surgery, but keep the arm elevated and out of the tub, with the dressings completely dry and the bandages on. Do not shower as the dressing will get wet. Once the sutures are removed you may shower or bathe and get the incision wet. No swimming in the pool or ocean until instructed by your surgeon.

Driving: Do not drive until instructed to do so.

Therapy: You will begin formal physical therapy at 7-10 days following surgery. Contact a local physical therapy provider to begin therapy prior to surgery in order to schedule a physical therapy visit.

It is normal to experience some swelling and bruising in the arm, elbow, and wrist. It is very helpful to keep the arm elevated on 2-3 pillows so that the arm is above the level of the heart while lying down.

Please call the office (415) 900-3000 if you have questions or any of the following:

- Fever greater than 101.5 or 38.5 degrees
- Continuing drainage from the wound
- Unrelenting pain
- Excessive nausea/vomiting due to pain medication

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