

ULNAR COLLATERAL LIGAMENT RECONSTRUCTION PROTOCOL

This rehabilitation protocol has been developed for the patient for the patient following an ulnar collateral ligament reconstruction surgical procedure. This procedure is normally performed on the overhead athlete or throwing athlete with severe instability or acute trauma to the UCL. The most frequently utilized tissue is a Palmaris Longus Autograft Tendon. The protocol is divided into phases/ Each phase is adaptable based on the individual and special circumstances. The physical therapy should be initiated 10 to 14 days post-op, to be decide by your treating Orthopedic Physician. The supervised rehabilitation is to be supplemented by a home fitness program where the patient performs the given exercises at home or at gym facility.

PHASE 1: WEEK 1-4**RANGE OF MOTION:**

- ROM 0-90° day 10
- AROM - Wrist flexion/extension, Finger flexion/extension
- PROM – Elbow flexion/extension (WEEK 2)

***NO FULL EXTENSION UNTIL WEEK 3 TO 4

STRENGTH:

- Grip strengthening with putty or ball
- Initiate shoulder isometrics – NO EXTERNAL ROTATION
- Initiate sub maximal bicep isometrics (WEEK 1)
- Initiate sub maximal wrist isometrics (WEEK 2)
- Initiate sub maximal elbow flexion/extension isometrics (WEEK 2)

BRACE:

- Elbow immobilizer with arm sling 0-90° (WEEK 1)
- Functional brace 30-100° (WEEK 2)
- 15-110° (WEEK 3)

MODALITIES:

- PRN – Ice and Electrical Stimulation 15-20 minutes

GOALS:

- Promote healing of tissue
- Control pain and inflammation
- Initiate light muscle contraction
- Independent with Home Exercise Program (HEP)
- ROM 0-145°
- Continue ROM activities from previous phase, initiate elbow AROM (WEEK 6)
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PHASE 2: WEEK 4-8**RANGE OF MOTION:**

- Continue ROM activities from the previous phase, initiate elbow AROM week 6

STRENGTH:

- Continue to progress strength from Phase 1
- Initiate light resistance exercises
- Initiate light wrist flexion and extension / forearm pronation and supination / elbow flexion and extension
- Progress shoulder strengthening program
- Progress rotator cuff program, avoid External Rotation until WEEK6

BRACE:

- Functional brace 10-120° (WEEK 4) / 0-130° (WEEK 6)

MODALITIES:

- PRN – Ice and Electrical Stimulation 15-20 minutes

SPECTRUM MEDICAL

Surgical Date: _____

Rehab Start Date: _____

UCL Protocol

GOALS OF PHASE:

- Gradual increase ROM
- Control pain and inflammation
- Progressive strength and endurance training

PHASE 3: WEEK 8-12

RANGE OF MOTION:

- ROM 0-145°
- Continue ROM activities from previous phase

STRENGTH:

- Initiate eccentric elbow flexion/extension
- Progress elbow flexion/extension isotonic
- Progress shoulder isotonic
- Initiate manual resistance PNF patterns
- Initiate light bilateral plyometric program
- Initiate light sports specific training week 11

BRACE:

- Functional brace 10-120°(WEEK 4) / 0-130°(WEEK 6) or as noted by physician

MODALITIES:

- PRN – Ice and Electrical Stimulation 15-20 minutes

GOALS OF PHASE:

- Full elbow ROM
- Maximize strength and endurance
- Minimize pain and inflammation
- Initiate return to sports/functional training program
- Enhance proprioception and arthrokinematics
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PHASE 4: WEEK 13-24

RANGE OF MOTION:

- Continue all stretching and ROM activities from the previous phase.

STRENGTH:

- Continue with all strengthening activities increasing weight and repetitions
- Initiate interval throwing program at week 20
- Initiate single arm eccentric activities
- Return to competitive throwing in 7 to 9 months

MODALITIES:

- PRN – Ice and Electrical Stimulation 15-20 minutes

GOALS OF PHASE:

- Maximize power, strength, and endurance of upper extremity
- Return to sports specific activity/functional activity
- Maximize proprioception and arthrokinematics

Taken from Dr. Andrew's & Dr. Lowe's Rehab Protocol