Nikhil Verma, MD Lauren Rooney, MMS, PA-C Nate Davidson, MS, PA-C Mara Weaver, MS-PA\_C 1611 W. Harrison, Suite #300 Chicago, IL 60612 Vermapa@rushortho.com

Fax: 708-409-5179

www.sportssurgerychicago.com



## Post-Operative Rehabilitation Guidelines for <u>Ulnar Collateral Ligament Repair</u>

0-4 Weeks:

Hinged elbow brace with strap applied in OR – strap only to be used while the arm is numb from the nerve block (Generally 24 hours)
Brace to be locked to 90 degrees until therapy begins at post op day 7
PROM into AAROM and AROM at elbow and shoulder as tolerated

Begin shoulder Flexion/Extension at first PT visit

Re-establish elbow passive ROM to 0-120 by post op week 4. Emphasize

terminal extension.

Initiate Thrower's Ten exercise program by week 3

Scapular and light isotonic strengthening

No lifting

Desensitization and scar massage as soon as sutures are removed Teach home exercises to be done three to five times daily for ROM Brace to be locked for post op weeks 2-4, may unlock (range 0-120) for

therapy and hourly for ROM at home.

4-8 Weeks: Progress ROM to 0-145 degrees

Progress to Advanced Thrower's Ten program

Progress elbow and wrist strengthening exercises once motion achieved

8-10 Weeks: Progress to one-hand plyometrics and prone planks by week 8

Plyometrics program (1 and 2 hand) and side planks by week 9 Seated machine bench press and interval hitting program by week 10

Continue Advanced Thrower's Ten program

11-16 Weeks: Initiate Interval Throwing program week 11-12

Long Toss program – Phase I Continue prior exercises

16-20 Weeks:

Initiate Interval Throwing program – Phase 2
Initiate mound throwing when ready and completed ITP – Phase I