



## Greg Takenishi, MD

2801 K St, Ste 330; Sacramento, CA 95816

916-732-3005

www.sacorthosports.com

### Physical Therapy Protocol

#### PT Protocol for Tommy John Surgery – Ulnar Collateral Ligament Reconstruction with autograft

##### POST-PROCEDURE PLANS:

The patient will be non-weight-bearing on the right upper extremity. The patient will keep it in a splint for two weeks. The patient will be required to get an elbow range of motion postoperative brace and it will start at 60 to 90 degrees and increasing 10 degrees per week. The patient will start physical therapy after his first visit then to be following with the Tommy John protocol.

##### Elbow range of motion brace:

Start at 60-90 deg

Increase 20 deg of flexion and extension each week until full

Allow range of motion within brace but should lock at 90 deg when not doing exercises

##### Phase One:

Phase I: Immediate Postoperative Phase / Inflammatory Phase

( 0 - 14 days )

##### Goals:

1. Protect healing tissue
2. Decrease pain/inflammation
3. Prevent muscular atrophy Postoperative week 1

##### PT:

1. Posterior splint at 90 elbow flexion; arm sling
2. Wrist AROM ext/flex; finger AROM
3. Exercises: gripping exercises, wrist ROM, shoulder isometrics and ROM (except shoulder ER), Biceps isometrics, Postural Exercises and Scapular positioning
4. Cryotherapy

##### Postoperative week 3 to One Month:

1. Application of functional brace- lock at 90 when not performing range of motion; arm sling for comfort
2. Case Specific - may want to increase ROM in brace 20 of flexion and extension every week.
3. Increase motion as tolerated - gentle passive, active- assisted and active ROM

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NOTE: During first 2 months postop - passive terminal extension and flexion should be avoided!!!!!!

3. Initiate wrist/forearm strengthening - isometrics, manual resistive exercises, dumbbells, TheraBand
4. Initiate elbow flex/ext isometrics
5. Continue all exercises listed above
6. Soft tissue and scar mobilization
7. Anti-inflammatory/pain medication as needed
8. Active shoulder ROM exercises

Phase II: Intermediate Phase: Repair  
(Week 4-8) Goals:

1. Gradual increase in range of motion
2. Protect repair while elbow healing
3. Regain and improve muscular strength as secondary goal
4. Begin elbow strengthening exercises and radial/ulnar deviation can be added. Continue all Phase ONE treatment and progressed as tolerated. NO VALGUS LOAD!!!!

Week 8 - 16:

1. Strengthening phase - progress to heavier weights as tolerated. A rotator cuff/scapular stabilization program can be incorporated into treatment.
2. In addition - begin total body conditioning program, including cardiovascular activities.
3. At 3 months, patient can begin light toss program with nerf ball - with MD approval.

Phase 3:

Month 4 and on:

1. At 4 months, patient can begin long toss program (No wind up), starting with 25-30 throws and building up to 70-75 throws. Throwing distance can be increase gradually and based on pain-free throwing.

Goal: full throwing by 6-9 months depending on his progress through each phase

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Greg Takenishi, MD; Timothy Mar, MD; Alan Hirahara, MD; Michael W. Leathers, MD; Yuhwan Hong, MD; Michael P. Leathers, MD  
2801 K St., Ste 330, Sacramento, CA 95816. Office: 916-732-3005 Fax: 916-732-3023