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Physical Therapy Protocol

PT Protocol for Ulnar Collateral Ligament Repair/Internal Brace

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 20 degrees of extension and flexion per week until full ROM. The patient will start physical therapy after the first visit.

If an ulnar transposition was performed in addition to the UCL repair, then extra caution should be taken to protect the owner nerve transposition during the first 6 to 8 weeks of healing process.

Elbow range of motion brace:

Start at 60-90 deg

Increase 20 deg of flexion and extension each week until full - full range of motion should be achieved by week 5 postop.

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 2 to week 4:

1. Application of functional brace- lock at 90 when not performing range of motion; arm sling for comfort
2. 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!!!!!!

4. Initiate wrist/forearm strengthening - isometrics, manual resistive exercises, dumbbells, TheraBand
5. Initiate elbow flex/ext isometrics
6. Continue all exercises listed above
7. Soft tissue and scar mobilization
8. Anti-inflammatory/pain medication as needed
9. 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!!!!
5. Can remove the brace between week 6-7 if pain free and has full ROM

Week 8 - 16:

1. Strengthening phase - progress to heavier weights as tolerated. A rotator cuff/scapular stabilization program can be incorporated into treatment
2. Begin total body conditioning program, including cardiovascular activities
3. At 2.5 months, patient can begin light toss program with nerf ball - with MD approval
4. Can start interval hitting program at 2.5 months postop

Phase 3:

Month 4 and on:

1. At 3 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 5-7 months depending on the player's progress through each phase