

Elbow Ulnar Collateral Ligament (UCL) Repair Rehabilitation Protocol

Kelly Holtkamp, M.D.

Please fax initial evaluation and progress notes to 815-381-7498.

1-4 Days Postoperative

- Do NOT remove the surgical bandage.
- Restrictions: No heavy lifting greater than 0 lbs. No driving.
- Valgus stress precautions: Avoid stress to medial aspect of elbow.
- The patient is to begin active and passive range of motion of the fingers to prevent stiffness and reduce swelling.

10-14 Days Postoperative

- The bandage is removed at Dr. Holtkamp's office.
- The patient will be fitted with a hinged elbow brace blocked at 45-90 degrees. Gradually increase range over the next 4 weeks to achieve full range of motion by 6 weeks. Increase the flexion and extension by 10-15 degrees each week.
- The hinged elbow brace is to be worn at all times. The brace may be removed for hygiene purposes and to perform the exercise program.
- Instruct the patient to begin active and passive range of motion of the elbow within the restraint of the brace.
- Educate the patient on anti-edema management. This includes, but not limited to, self-retrograde massage, cold therapy, and extremity elevation. The anti-edema management will continue for several weeks.

3 Weeks Postoperative

- The therapist will begin scar tissue management to decrease sensitivity and density, which could include ultrasound and/or silicone gel pads per therapist discretion. The scar tissue management will continue for several weeks.

4 Weeks Postoperative

- Instruct the patient to begin a progressive strengthening exercise program for the wrist.

6 Weeks Postoperative

- The hinged elbow brace is discontinued.
- Instruct the patient to begin a progressive strengthening exercise program for the elbow.
- Avoid valgus stress of the elbow.

8 Weeks Postoperative

- Instruct the patient to begin a progressive strengthening exercise program for the shoulder.

12 Weeks Postoperative

- Throwing Program: Instruct the patient to begin a progressive throwing program. Begin with light throwing. The distance and speed are gradually increased as strength, power, and endurance of the shoulder and elbow muscles improve.

16 Weeks Postoperative

- Instruct the patient to continue their home exercise program for range of motion and strengthening.
- If the patient has not achieved functional range of motion and strength, then continue with occupational therapy for an additional 2-4 weeks.

20 Weeks Postoperative

- The patient may resume normal activities of daily living as tolerated.
- Work status: The patient is allowed to return to full duty status if the job requirements have been met. If not met, then a functional capacity evaluation and work hardening program may be recommended.
- The healing process can take up to a full year. Therefore, it is advised to continue with the home exercise program until goals have been met.

6 Months Postoperative

- Throwing Program: Patients are allowed to begin lobbing the ball for a distance of 60 feet using an easy windup.

7 Months Postoperative

- Throwing Program: Throwing is advanced to 50% of maximum velocity.

8 Months Postoperative

- Throwing Program: Pitchers are permitted to return to the mound and progress to approximately 70% of maximum velocity.

12-18 Months Postoperative

- Throwing Program: Return to full sport activity.

ORTHOILLINOIS

CRYSTAL LAKE: 750 Terra Cotta Ave, Crystal Lake, Illinois 60014 | Huntley: 12519 Regency Pkwy, Huntley, IL 60142
Phone 815.455.0800, Fax 847.669.3772