

Lateral Ulnar Collateral Ligament Repair/Reconstruction

Dr. Bear

Surgical Description:

- A procedure during which an incision is made along the lateral aspect of the elbow to repair torn or overstretched ligament in order to provide stability for the elbow joint.

Phase I (10 – 14 days post-op)

- Long arm orthoplast orthosis positioning elbow at approximately 75 degrees of flexion and the forearm in neutral is fabricated for continuous wear.
- Begin edema management
- ROM:
 - Begin AROM/PROM exercise for the wrist and hand
 - Begin AROM for elbow flexion/extension (30 degree block) with forearm in pronation
 - Begin AROM for forearm supination/pronation with elbow flexed at 90 degrees

Phase II (3 weeks post-op)

- ROM:
 - May initiate self PROM exercises with forearm in pronation

Phase III (4 weeks post-op)

- Wound care:
 - Begin scar massage to incisional sites pending full closure of incision site with no signs of infection and all sloughing material gone.

Phase IV (5 weeks post-op)

- Discontinue 30 degree extension block

Phase V (6 weeks post-op)

- Begin active elbow flexion/extension with forearm in neutral and supinated planes

Phase VI (10+ weeks post-op)

- Begin strengthening

Adapted From:

1) Diagnosis and Treatment Manual for Physicians and Therapists (The Hand Rehabilitation Center of Indiana, 2001).

2) Consultation with Dr. Brian Bear, MD at OrthoIllinois

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