

Elbow Lateral Ulnar Collateral Ligament Repair/Reconstruction

Drs. Bear & Foster

Surgical Description:

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

10 - 14 days post-op

- Bracing:
 - Dr. Bear: Long arm orthoplast orthosis positioning elbow at approximately 75 degrees of flexion and forearm in neutral is fabricated for continuous wear
 - Dr. Foster: Patient is issued a hinged elbow brace locked at 90* of flexion for continuous wear; May remove for HEP, OT, and hygiene
- Begin edema management
- Begin A/PROM exercises for the wrist and hand with shoulder adducted
- Begin AROM for elbow flexion/extension (30 degree block) with forearm in pronation and shoulder adducted
- Begin AROM for forearm supination/pronation with elbow flexed at 90 degrees and shoulder adducted
- May perform exercises with patient in supine position

3 weeks post-op

- Therapist-provided and self-PROM flexion/extension exercises may be initiated with the forearm in pronation and shoulder adducted
- Therapist-provided and self-PROM forearm supination/pronation exercises may be initiated with the elbow flexed at 90 degrees and shoulder adducted
- Begin use of modalities for edema/scar management

4 weeks post-op

- Begin scar massage to incisional sites pending full closure of incision

5 weeks post-op

- Discontinue 30 degree extension block during ROM exercises

6 weeks post-op

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

8 weeks post-op

- Begin strengthening
- Weight restriction of 5 lbs



12 weeks post-op

- Aggressive strengthening with no weight restrictions

Adapted From:

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

2) Consultation with Drs. Brian Bear & Brian Foster, MD at Orthollinois