UCL Reconstruction Physical Therapy Protocol

Name_________________________________________________ Date__________________

Diagnosis  s/p RIGHT/LEFT UCLR with Palmaris/Hamstring Autograft  Allograft

Date of Surgery______________________________

Frequency: ____ times/week Duration: _____ Weeks

_____Week 1:
Elbow is immobilized in the Bledsoe Brace at 75 degrees flexion (7-10 days) with wrist free but in sling.
Dressing changed at 7-10 days after surgery

_____Week 2
Begin active range of motion in the brace.
Brace adjusted to 15 degrees (locked) extension to full flexion
May begin grip strength in brace

_____Week 4:
Discontinue the use of the Brace
Shoulder and elbow ROM, PROM-AAROM-AROM, advance as tolerated
Begin muscle strengthening exercises for wrist, forearm, elbow and shoulder
Advance strengthening as tolerated (avoid aggressive weight-lifting until 12 weeks after surgery, especially chest flies or other lifts that directly stress the ligament
Valgus stress on the elbow is avoided until at least 2 months after surgery
Total body conditioning / aerobic training may begin

_____Month 4:
May begin an interval-throwing program progressing from 45 ft up to 180 ft.
Pitchers are not asked to throw past 120 ft, infielders are not asked to throw past 150 ft.
The player may progress from one distance level to the next when the following criteria are met:
There is no pain or stiffness while throwing
There is no significant pain or stiffness after throwing
Strength is good throughout the final set with little fatigue
The throwing motion is effortless and fundamentally sound
Accuracy is consistent and throws are online
For Pitchers, the mound program begins at the completion of the 120 ft level.
Catcher is initially moved forward, but throwing with pitching motion is reserved for the mound
No flat ground pitching is allowed
_____ Months 9-12:
Return to competition is permitted when the following conditions are met:
Trunk, scapula, shoulder and arm muscle strength and balance have returned to normal
There is no pain while throwing
Throwing balance, rhythm, and coordination have been reestablished
Comments:

_____ Functional Capacity Evaluation_____ Work Hardening/Work Conditioning ____ Teach HEP

Modalities
____Electric Stimulation ___Ultrasound ___ Iontophoresis ___Phonophoresis
___TENS____ Heat before ___Ice after ___Trigger points massage ____ Therapist’s discretion

Signature_______________________________________ Date__________________