UCL Reconstruction Physical Therapy Protocol For Volleyball Players

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 Bledsoe 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 3:
May begin volleyball skills but no hitting
The player may progress with skills if:
   - There is no pain or stiffness after practice
   - There is no significant pain or stiffness after practice
   - Strength is good throughout the final set with little fatigue

____Month 4:
Begin light hitting, progress to full speed at 6 months
Months 6-9:
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 hitting
Hitting 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