

ULNAR COLLATERAL LIGAMENT RECONSTRUCTION PROTOCOL

Dr. Walter R. Lowe

This rehabilitation protocol has been developed for the patient following an ulnar collateral ligament reconstruction surgical procedure. This procedure is normally performed on the overhead athlete or throwing athlete with severe instability or acute trauma to the UCL. The most frequently utilized tissue is a palmaris longus autograft tendon. The protocol is divided into phases. Each phase is adaptable based on the individual and special circumstances.

The **overall goals** of the surgical procedure and rehabilitation are to:

- Control pain and inflammation
- Regain normal upper extremity strength and endurance
- Regain normal elbow range of motion
- Achieve the level of function based on the orthopedic and patient goals

The physical therapy should be initiated 10 to 14 days post-op, to be decided by Dr. Lowe. The supervised rehabilitation is to be supplemented by a home fitness program where the patient performs the given exercises at home or at a gym facility.

Important post-operative signs to monitor include:

- Swelling of the elbow and surrounding soft tissue
- Abnormal pain, hypersensitive-an increase in night pain
- Severe range of motion limitations
- Weakness in the upper extremity musculature

Return to activity requires both time and clinical evaluation. To most safely and efficiently return to normal or high level functional activity, the patient requires adequate strength, flexibility, and endurance. Functional evaluation including strength and range of motion testing is one method of evaluating a patient's readiness to return to activity. Return to intense activities following an ulnar collateral ligament reconstruction requires both a strenuous strengthening and range of motion program along with a period of time to allow for tissue healing. Symptoms such as pain, swelling, or instability should be closely monitored by the patient.

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Phase 1: Week 1-4
UCL Protocol

WEEK		EXERCISE	GOAL
1-3	ROM		0-90° day 10
		AROM	
		Wrist flexion/extension	
		Finger flexion/extension	
		Passive range of motion	
		Elbow flexion/extension	wk 2
		NO FULL EXTENSION UNTIL WEEK 3 TO 4	
	STRENGTH		
		Grip strengthening with putty or ball	
		Initiate shoulder isometrics- NO ER	
		Initiate submaximal bicep isometrics	wk 1
		Initiate submaximal wrist isometrics	wk 2
		Initiate submaximal elbow flex/ext isometrics	wk 2
	BRACE		
		Elbow immobilizer with arm sling	0-90° wk 1
		Functional brace	30-100° wk 2
			15-110° wk 3
	MODALITIES		
		E-stim as needed	
		Ice 15-20 minutes	

GOALS OF PHASE:

- Promote healing of tissue
- Control pain and inflammation
- Initiate light muscle contraction
- Independent in HEP

Phase 4: Week 12-24
UCL Protocol

WEEK
12-24

EXERCISE

ROM

Continue all stretching and ROM activities from previous phases

STRENGTH

Continue with all strengthening activities increasing weight and repetitions

Initiate interval throwing program wk 20

Initiate single arm eccentric activities

Return to competitive throwing 7 to 9 months

MODALITIES

Ice 15-20 minutes as needed

GOALS OF PHASE:

- Maximize power, strength, and endurance of upper extremity
- Return to sports specific activity/functional activity
- Maximize proprioception and arthrokinematics

