

Elbow UCL Repair with Internal Brace

Postoperative Rehabilitation Protocol

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This protocol is meant to provide the patient and/or clinician with a guide to postoperative rehabilitation after elbow MUCL repair with internal brace. For patients, it is not intended as a substitute for personal guidance or evaluation by your surgeon. For other clinicians, it is not intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of postoperative complications. If a clinician requires assistance in the progression of a postoperative patient they should consult with Dr. Nelson.

General Information

- Total Recovery time is between 4-6 months depending on factors such as injury severity, patient sport/activity/age and type of repair.
 - Final maximum improvement for throwing velocity and endurance may meet or exceed one year
- Adherence to rehab protocol guidelines and restrictions is critical in avoiding re-injury or failures.

Immobilization

- Post-op splint vs soft wrap with sling first two weeks
 - Depending on repair strength/integrity intra-operative and patient compliance
- Short-arc elbow range of motion (flexion/extension) for light activities permitted immediately once regional block has worn off.
 - Eg. Eating, drinking, light table/counter activities
 - Avoid full extension (terminal 45 degrees) and full flexion (terminal 30 degrees)

Personal Hygiene / Showering

- OK to remove outer wrap and shower 48 hours after procedure
 - Keep paper steri-strips in place until first postoperative visit with Dr. Nelson
- Ok to begin showering 48 hours after surgery (if no wound related issues).
- Avoid baths, saunas, pools, lakes, etc. for two weeks.

Weeks 2-6

- Gradually increase active elbow ROM for goal of full arc flexion/extension motion by 6 weeks postoperative and normalize joint arthrokinematics
- No passive stretching
- Isolated grip strengthening is acceptable but should not be coupled with any forceful pushing/pulling with operative hand/arm or forceful pronation/supination of forearm
- Initiate shoulder AROM early, shrugs/squeezes, etc

Week 6

- Progress to light isotonic strengthening exercises for wrist, elbow, and shoulder
- Initiate Throwers Ten exercise program beginning Week 6 and progress elbow- and wrist strengthening exercises
- Initiate wrist flexion and elbow flexion movements against manual resistance.

Week 8

- Initiate 2-hand plyometrics: chest pass, side-to-side throw, and overhead pass
- Initiate prone plank exercise
- Progress to 1-hand plyometrics: 90°/90° ball throw, 0° ball throw
- Initiate side plank with shoulder ER strengthening exercise

Weeks 10-14

- Continue all strengthening exercises and 1- and 2-hand plyometrics program
- Initiate
 - Seated chest-press machine
 - Seated row machine
 - Biceps/triceps machine or cable strengthening
 - Interval hitting program

Weeks 14+

- Initiate one hand plyometric throwing (stationary throws)
- Initiate one hand wall dribble
- Initiate one hand baseball throws into wall
- Continue ROM and stretching programs
- Continue Advanced Throwers Ten program
- Continue plyometrics
- Initiate throwing (off the mound) when phase 5 is complete and athlete is ready

Weeks 20+

- Initiate gradual return to competitive throwing
- Perform dynamic warm-ups and stretches
- Continue Advanced Throwers Ten program
- Return to competition when athlete is ready (physician decision and rehabilitation team)

To obtain further copies of this protocol, please visit www.RaleighUpperEx.com