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Post-Operative Rehabilitation Guidelines for UCL Reconstruction

0-4 Weeks:

- · Posterior mold splint and sling until first post-op visit
- Splint removed and use hinged elbow brace for weeks 2-4
- Brace at 15 degrees (locked) extension to full flexion
- May begin grip strength in brace
- PT begins after splint is removed; PROM full flexion to 15 deg extension

Week 4:

- Discontinue brace
- PROM into AAROM and AROM at elbow and shoulder as tolerated
- Begin strengthening exercises for wrist forearm, elbow and shoulder
- No aggressive weight lifting until 12 weeks post operatively
- No chest flies or lifts stressing ligament
- Avoid valgus stress on elbow until 2 months post operatively
- Total body conditioning / aerobic training may begin

4 Months:

- May begin interval-throwing program progressing from 45ft. up to 180ft.
- Pitchers are not asked to throw past 120ft., infielders not past 150ft.
- May progress from one distance level to next when following are met:
 - 1. No pain or stiffness while throwing
 - 2. No pain or stiffness after throwing
 - 3. Strength is sufficient throughout the final set with min. fatigue
 - 4. Throwing motion is effortless and fundamentally sound
 - 5. Accuracy is consistent and throws are on line
 - 6. For pitchers, mound program begins at completion of 120ft. Level
 - 7. Catcher is initially moved forward, but throwing with pitching motion is reserved for the mound
 - 8. No flat ground pitching is allowed

9-12 Months:

- Return to competition is permitted when following conditions are met:
 - 1. Trunk, scapula, shoulder and arm muscle strength/balance have returned to normal
 - 2. No pain while throwing
 - 3. Throwing balance, rhythm and coordination have been reestablished
- Functional Sports Assessment (FSA) and sports performance training and conditioning prior to clearance for return to sport