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Post-Operative Rehabilitation Guidelines for <u>Ulnar Collateral Ligament Reconstruction</u>

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:

- No pain or stiffness while throwing
- No pain or stiffness after throwing
- Strength is sufficient throughout the final set with min. fatigue
- Throwing motion is effortless and fundamentally sound
- Accuracy is consistent and throws are on line

For pitchers, mound program begins at completion of 120ft. level

- Catcher is initially moved forward, but throwing with pitching motion is reserved for the mound
- No flat ground pitching is allowed

9-12 Months: Return to competition is permitted when following conditions are met:

 Trunk, scapula, shoulder and arm muscle strength/balance have returned to normal

- No pain while throwingThrowing balance, rhythm and coordination have been reestablished