

UCL Reconstruction Physical Therapy Protocol/Prescription

Name: _____**Date:** _____**Diagnosis:** _____**Date of Surgery :** _____**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 4:**

- May begin an interval-throwing program progressing from 45 ft up to 180 ft.
- Pitchers are not asked to throw past 120 ft, infielders are not asked to throw past 150ft.
- The player may progress from one distance level to the next when the following criteria are met:
 - There is no pain or stiffness while throwing
 - There is no significant pain or stiffness after throwing
 - Strength is good throughout the final set with little fatigue
 - The throwing motion is effortless and fundamentally sound
 - Accuracy is consistent and throws are online
- For Pitchers, the mound program begins at the completion of the 120 ft level.
- Catcher is initially moved forward, but throwing with pitching motion is reserved for the mound
- No flat ground pitching is allowed

**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 throwing
 - Throwing balance, rhythm, and coordination have been reestablished

Comments:**Frequency:** ____ **times per week****Duration:** _____ **weeks****Signature:** _____**Date:** _____