

UCL Repair with Internal Brace Physical Therapy Protocol/Prescription

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery : _____



Week 1:

- Elbow is immobilized in Hinged Elbow Brace at 75 degrees flexion (7 - 10 days), wrist free, 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
- Begin grip strengthening in brace



Week 4:

- Discontinue the use of the Hinged Elbow Brace.
- Shoulder and elbow ROM, PROM-AAROM-AROM, advance as tolerated
- Progress to 0 - 145 degrees of elbow ROM (full motion)
- Begin muscle strengthening exercises for wrist, forearm, elbow and shoulder (Throwers Ten Program)
- Advance strengthening as tolerated.
- Avoid aggressive weight-lifting until 8 weeks after surgery (e.g. chest flies or lifts that stress the ligament)
- Total body conditioning / aerobic training incorporated into exercise routine



Month 3 / 12 weeks

- 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 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.
 - The catcher is initially moved forward, but throwing with a pitching motion is reserved for the mound
 - No flat ground pitching is allowed

**Month 6:**

- 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:** _____