

# *Rehabilitation Protocol*

## **Reconstruction of the Ulnar Collateral Ligament**

**(From Kerlin-Jobe Clinic)**

0 to 2 weeks

- Initiate gripping exercises with a soft ball while the patient is still immobilized in postoperative splint.

2 to 4 weeks

- Remove the splint.
- Begin gentle passive and active-assisted elbow ROM exercises.
- Use gentle active shoulder exercises to maintain ROM; however, avoid IR and ER, because when the elbow is flexed and a force causing shoulder an inappropriate valgus force is placed on the elbow.

4 weeks

- Progress to elbow and wrist strengthening exercises at full range.
  - Elbow and strengthening exercises:
    - Flexion and extension.
    - Pronation and supination.
  - Wrist strengthening exercises:
    - Flexion and extension.
- Continue active shoulder exercises.
- Continue resistive gripping exercises, provided no pain is produced at the elbow.

6 weeks

- Add radial and ulnar deviation as a strengthening exercise.
- Carefully monitor the amount of resistance for wrist flexion and forearm pronation and supination. Excessive weight may lead to soft tissue discomfort as a result of the flexor pronator mass having been split at the time of surgery.

3 to 4 months

- Patient should have full elbow ROM without pain or discomfort at the end of the range.
- Start endurance activities (e.g., running, swimming, bicycling).
- At 4 to 5 months, add light resistance to shoulder strengthening (emphasis on rotator cuff).
- *Avoid* valgus forces to the elbow joint, shoulder internal rotation in the supine position with the arm in 90° of abduction, and ER.

3 to 5 months

- **THROWING PROGRAM**
- Patients perform throwing program on alternative days to minimize stress and fatigue placed on the graft.
- Apply heat to the shoulder and elbow for 10 to 15 minutes before each throwing session to increase circulation and promote tissue flexibility.
- Apply ice for 10 to 15 minutes after a session to minimize the inflammatory response.
- Do not progress the regimen if there is more than minor pain or pain of long duration (i.e., longer than 15 to 20 minutes after completion or throwing).
- The first step is easy tossing with no wind-up to minimize valgus forces.
- The initial throwing distance is 30 to 40 feet, with throwing 10 to 15 minutes per session. This is slowly progressed to 50 feet at 6 months.
- At 6 months the reconstructed ligament can tolerate valgus stresses and lobbing the ball with an easy wind-up may begin.
- At the 8-month mark the throwing program differs for outfielders, infielders and pitchers.