Christopher M. Brusalis, MD

Phone: (516)-743-3036 Fax: (516)-743-3576

Email: <u>DrBrusalisOffice@hss.edu</u> Website: www.BrusalisMD.com



Physical Therapy Rehabilitation following UCL Reconstruction

The following is a basic framework from which to work during rehabilitation following UCL Reconstruction. We encourage patients and therapists to communicate with Dr. Brusalis and his staff with any questions.

Instructions:

Phase One (1-9 weeks)

- Splint immobilization until two weeks post-operatively
- Hinged elbow brace unlocked until 6 weeks post-operatively.
- Work to regain full range of motion by 6 weeks post-operatively.
- Being isotonic strengthening at the elbow at week three.
- Protect the healing ulnar ligament by avoiding elbow valgus torque activities.
- Emphasize maintenance of flexibility and strength of wrist, shoulder, scapula, core, and legs.
- Limit shoulder external rotation until 6 weeks as this can place a valgus stress on the elbow.

Phase Two (9-12 weeks):

- Stretching and strengthening of the periscapular stabilizers, rotator cuff, deltoid, legs, and core.
- Initiate the Thrower's Ten Exercise program.
- Focus on dynamic stabilization.

Phase Three (13-16 weeks):

- Continue to progress stretching and flexibility.
- Progress to Advanced Thrower's Ten, advance weights/bands.

downs, biceps.

Begin plyometrics (such as bouncing a medicine ball into a trampoline), progressing

from 2- handed (2 weeks) to 1-handed (2 weeks).

Phase Four (>16 weeks):

Initiate progressive interval throwing program.

• Continue strengthening and stretching and Advanced Thrower's Ten program.

• Return to throwing 6-9 months; return to competition 12-15 months.

• Criteria for return to competitive throwing: completion of interval throwing program,

greater strength in the shoulder on the operative arm than the non-operative arm.

Modalities

Heat before therapy, cryotherapy afterwards. Remaining modalities as per treating therapist.

Frequency: 2 times/week

Duration: 6 weeks