

COMPREHENSIVE PHYSICAL THERAPY

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Sports Medicine/Foot & Ankle

KC Royals Rehab Protocol
Post-op UCL Reconstruction

Surgery day – 1 week Post-Op (Days 0–7)

- Splint is worn for one week at 90°
- Start gripping exercises with a soft ball or rolled towel first day post-operative
- Start finger and wrist AROM (NO RESISTANCE) if splint allows.
 - Full non-painful AROM: supination, pronation, radial & ulnar deviation
 - Very light stretch of wrist & fingers is okay.
- Start shoulder isometrics (with NO ER)
- Start bicep isometrics
- Start knee PROM (if gracilis graft)
- Use crutch PRN for 3 – 5 days (if gracilis graft)
- Day 3 – 5 PO initiate recumbent bike very lightly (no sweating to decrease risk of getting perspiration in or on the wound, increasing the risk of infection)
- Day 5 – 7 PO initiate Brace ROM 30–100° and compression dressing to elbow
 - Gradually increase ROM 10° (5° if brace style allows) Extension & 10° Flexion every 5 - 7 days as ROM allows.
- Day 7 – 10 PO initiate compression dressing to wrist or calf (if gracilis or Palmaris longus)

1 week PO – 2 weeks PO (Days 7–14)

- Initiate elbow extension isometrics
- Initiate light scar massage over graft site/distal incision as soon as incision is closed for two days
- Initiate low-level, supine, hook-lying TrA exercises (feet on table activities only)

2 weeks PO – 3 weeks PO (Days 14–21)

- Remove stitches day 10-14
- 5 – 7 days after initiating the elbow brace at 20–110° increase to 10–120°.
- Initiate light hamstring stretch (if gracilis graft)
- Initiate light hamstring isometrics (if gracilis graft)
- Progress to light wrist stretching (if Palmaris longus)
- Progress TrA exercises as able (No load through upper extremities)
- Initiate other abdominal & lumbar activities (No load through upper extremities)
- AROM of the shoulder (With brace on - NO WEIGHT)
 1. Full can
 2. Abduction
 3. ER/IR (Wrist neutral – very light/yellow to red theraband)
 4. elbow flexion/extension (1 lb)
 5. Table top (forearms on table, wrist in neutral) scapular retraction-row)
- Initiate light scapular strengthening
- Initiate upright, stationary bike (may start sweating during activity)
- Initiate lower extremity exercises (NO RESISTANCE THROUGH THE ARM)
 1. straight leg raise

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2. seated straight leg raise
3. hip abduction
4. hip adduction
5. hip internal rotation
6. hip external rotation
7. calf raises

3 weeks PO – 4 weeks PO (Days 21–28)

- Initiate isometrics for calf (if gracilis graft)
- Initiate Program 1: Shoulder – Exercises 1, 2 & 7 (0-1 lb only)
- Initiate Program 4: Scapula – Exercises 5-8 (Prone “Y,” “T,” & “A”)
 - Palm down/forearm neutral (arm weight only)
- Initiate Program 2: Shoulder – Exercises 1-3 (arm weight only)
- Initiate stabilization for shoulder and wrist
- Initiate shoulder motions
- Initiate leg machine exercises (THERE SHOULD BE NO FEELING OF PRESSURE OR PULSING IN THE SURGERY ARM. NO HOLDING ON WITH THE SURGERY ARM)
- Initiate wrist exercises
 1. flexion
 2. extension
 3. supination
 4. pronation
 5. radial deviation
 6. ulnar deviation
- Progress to 2 lb - elbow flexion and extension

4 weeks PO – 5 weeks PO (Days 28–35)

- Discontinue brace (except for crowded situations)
- Progress previous Shoulder & Scapular Exercises by 1 lb
- Progress elbow flexion and extension to 3 lb
- Initiate UBE with no resistance

5 weeks PO – 6 weeks PO (Days 35–42)

- Discontinue brace
- Initiate rice bucket
- Progress previous Shoulder & Scapular Exercises by an additional 1 lb
- May progress other allowed exercises to 4-5 lb
- Increase lower extremity exercises to medium intensity (reps of 20 – 30)
- Initiate lower extremity exercises (if gracilis graft). Progress at pt tolerance.

5 weeks PO – 6 weeks PO (Days 35–42) [continued]

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- May initiate elliptical machine conditioning
- Progress UBE into resistance gradually per patient tolerance

6 weeks PO – 7 weeks PO (Days 42–49)

- Initiate light manuals with elbow protected (**SHOULD NOT HAVE PAIN**)
 1. shoulder
 2. elbow
 3. wrist/forearm
- Progress elbow flexion and extension to 5-7 lb weights
- Initiate shoulder ER exercises to compliment existing shoulder/scapular exercises
- Can now perform all exercises for Program 1 – Shoulder
- Can now perform all exercises for Program 4 – Scapula

7 weeks PO – 8 weeks PO (Days 49–56)

- May progress manuals to medium intensity
- May initiate eccentric loading
- May initiate treadmill jogging

8 weeks PO – 9 weeks PO (Days 56-63)

- Initiate 2-hand plyometrics
 1. chest pass
 2. side-to-side
- May progress treadmill jogging into treadmill & outdoor running.

9 weeks PO – 10 weeks PO (Days 63–70)

- May initiate outside agility & low-level, lower body plyometric activities
- May initiate bodyblade exercises **ONLY BELOW 90°** of shoulder flexion &/or abduction & with elbow straight (Can do shoulder ER/IR at 0° of shoulder flexion & abduction)

10 weeks PO – 11 weeks PO (Days 70-77)

- Progress 2-hand plyometrics
 1. Overhead soccer throws
 2. Overhead throw downs
 3. Side chops

11 weeks PO – 13 weeks PO (Days 77–91)

- May initiate machine ex's of big muscle groups (bench press, lat pull down)
- May initiate running if no swelling or pain.
- May initiate swimming.

13 weeks PO - 14 weeks PO (Days 91–98)

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- May initiate high rep(30), light weight dumbbell exercises for the upper extremity
- May progress upper extremity machine work to medium weight and reps of 20.
- May initiate golf.

14 weeks PO – 15 weeks PO (Days 98–105)

- May initiate 90/90 and empty can into T-ten program
- Can now perform all exercises for Program 2 – Shoulder
- Can now perform all exercises for Program 3 – Shoulder
- May initiate 1-hand plyos
 1. wall dribble
 2. deceleration catch
 3. 90/90 throw
 4. external rotation into physio ball

15 weeks PO – 16 weeks PO (Days 105–112)

- May initiate medium weight dumbbell exercises and reps of 20.

16 weeks PO – 17 weeks PO (Days 112–119)

- May initiate interval hitting program (position player)
- May do normal training (week 17 PO [Day 119])

20 weeks PO (Days 140 & beyond)

- Initiate Kansas City Royals rehab throwing program