Connecticut Orthopaedics

Megan R. Wolf, MD
Sports Medicine/Foot & Ankle

Ulnar Collateral Ligament Repair and Bridge
Post-Operative Protocol

***AVOID ALL VALGUS STRESS**

Phase I: (0-14 days)
Immobilization in splint at 70°- MD directed
MD visit 7-14 days: Removal of splint/sutures
- Place in fully opened brace (brace for 5 weeks)

3 times per day: out of brace to work on elbow extension
Light gripping exercises
Wrist ROM
Modalities PRN

Phase II: (15-28 days)
Brace at all times except for ROM with therapist or showering
May come out of brace for ROM program
Begin elbow ROM
- A/AA ROM flexion/extension
- NO forced flexion
- Forearm pronation/supination

Begin pain free isometrics
- Wrist
- Elbow
- Shoulder (except IR/ER)

Begin manual scapular stabilization exercises
Evaluate/improve kinetic chain deficits
- Core activation
- Lower extremity flexibility/activation
- Lower body blood flow restriction training (MD approval needed)

Modalities PRN

Phase III: (29-56 days)
May come out of brace for ROM program
- Discontinue brace at 6 weeks post-op (42 days)
- If full ROM is not achieved at 6 weeks, contact physician's office

Increase ROM gradually
NO forced flexion
Begin wrist and elbow isotonics (gradual progression)
Advance scapular s stabilization exercises
Advance to progressive shoulder strengthening
- Progressive ER/IR: Walkouts→ER to neutral→Full ER

Continue improving kinetic chain deficits

Connecticut Orthopaedics

Megan R. Wolf, MD
Sports Medicine/Foot & Ankle

Ulnar Collateral Ligament Repair and Bridge
Post-Operative Protocol

Phase IV: (57-70 days)
Progress wrist, elbow and shoulder isotonics
- Progressive eccentric work
- Manual resistance exercises
- Advance rotator cuff strengthening to overhead position

May initiate two-handed plyometrics at 8 weeks

Phase V: (71-84 days)
Advance elbow and wrist strengthening (stress eccentrics)
Continue to progress shoulder into advanced strengthening exercises
May initiate one-handed plyometrics at 10 weeks

Phase VI: (85-112 days)
Continue to emphasize shoulder strength (rotator cuff and scapular stabilizers)
Continue endurance training
Continue kinetic chain progression
May initiate throwing mechanics drills
MD visit for possible initiation of interval throwing program
- Based on patient progression; may start around 14-18 weeks

Phase VII:
Initiate interval throwing program – MD directed
Recommend MD consult at end of flat ground throwing program
Recommend MD consult at end of mound progression

Revised 2018