

Elbow UCL Repair (Non Athlete) Rehabilitation Guidelines

Phase 1 Precautions: Maintain postoperative splint for 10-14 days after surgery. Avoid lifting, pushing, pulling or forceful gripping with the surgical extremity. Avoid valgus stress to the elbow. Balance relative rest for recovery with appropriate amounts of general activity for health, avoiding fear-avoidance behaviors.			
Phase 1: Starts after Surgery	Emphasis on	Orthosis	Exercise
1-2 weeks	Protection Keep the postoperative splint clean and dry Minimize swelling Prevent finger stiffness and loss of motion for the unaffected joints Avoid upper quadrant pain from holding arm in a guarded position	Postoperative splint with elbow and wrist immobilized A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises	Suggested Therapeutic Exercise <ul style="list-style-type: none"> • Finger flexion and extension AROM and AAROM for tendon glides • Active finger ABD/ADD, assisted by lacing fingers with contralateral hand • If not contraindicated by a non related shoulder dysfunction: active and active assisted shoulder range of motion through full available motion, scapular retraction • Forward and backward shoulder circles moving the scapula on the thorax • Gentle, pain-free cervical AROM to relieve tension • Abdominal breaths/deep breathing Encourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake

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Phase 2 Precautions: Avoid valgus stress to the elbow.

Avoid lifting, pushing, pulling or forceful gripping with the surgical extremity.

No resistance strengthening that would stress the UCL until after 6 weeks post op.

Phase 2	Emphasis on	Orthosis	Exercise
2-6 weeks	<p>Postoperative care: 2-week postoperative appointment with the surgical team for wound assessment and suture removal</p> <p>Balance relative rest with appropriate amounts of therapeutic activity for recovery</p> <p>Restore range of motion within the confines of the hinged elbow orthosis</p> <p>Address compensatory movement patterns</p> <p>Scar management</p>	<p>Hinged elbow orthosis: week 2: 30°-100° week 4: 10°-120° week 6: open hinge for full ROM</p> <p>*if hinged EO ROM is in 15° increments, increase extension to 15° at week 4</p> <p>Hinged elbow orthosis full time (including sleep) removing for hygiene and during supervised therapy sessions</p> <p>Tubigrip or an ace wrap at the elbow for swelling prn</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> • Continue previous recommendations • Repetitive grip strengthening to tolerance • AROM wrist 4-way and forearm rotation • AROM elbow and assisted ROM to regain motion allowed by the hinged elbow orthosis, may use prolonged, low-load stretch if ROM is lacking • Week 4: progress elbow ROM to full as tolerated during therapy sessions • AROM shoulder (hinged EO in place) • Scapular retraction • Forward and backward shoulder circles moving the scapula on the thorax • week 4: <ul style="list-style-type: none"> ○ isometric wrist strengthening ○ shoulder isometrics for forward flexion, extension, ABD ○ isometric biceps and triceps at 90° elbow flexion

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Phase 3 Precautions: Gradual weaning from orthosis.

***Avoid pain when strengthening* and when progressing ADL's and functional use of the surgical hand.**

Phase 3	Emphasis on	Orthosis	Exercise
6-12 weeks	<p>Gradual weaning from orthosis</p> <p>Begin gradual strengthening for functional activities</p> <p>Continue restoration of range of motion, if applicable</p> <p>Encourage progressive functional use of the surgical hand</p>	Wean hinged elbow orthosis as tolerated or as directed by the surgeon	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> ● Grip strengthening ● Progressive resisted wrist curls (start with 1 pound) ● Progressive resisted biceps and triceps (start with 1 pound) ● Shoulder strengthening (starting with gravity resisted-1 pound as applicable) <ul style="list-style-type: none"> ○ full can/standing scaption ○ prone row ○ prone shoulder horizontal abduction ○ prone shoulder extension ○ initiate shoulder IR/ER with gravity resisted progressing to resistance without provoking medial elbow pain <p>Scar management activities</p> <p>Progress ADL's, allowing pain to guide activity</p>

Note: These instructions are to serve as guidelines and are subject to physician discretion. Actual progress may be faster or slower depending on the individual. Return to work and sport/recreation per surgeon discretion.

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