



Dx: Right Left

Patient Name: _____

Date of Surgery: _____

PT/OT: Evaluate and treat. Follow the following protocol.

Signature/Date: _____

Tommy John Reconstruction Rehab Protocol

Stage I (0-2 Weeks)

1. Elbow immobilization in posterior splint.
2. Wrist and hand isometrics as tolerated
3. Shoulder active and passive ROM (if necessary)

Stage II (2-6 weeks)

1. Hinged elbow brace, with limits as set by surgeon (Typically 30° to 90° of motion)
2. Begin flexor/pronator isometrics
3. Continue with wrist/hand strengthening
4. Continue shoulder as above

Stage III (6-12 weeks)

1. Discontinue immobilization
2. PROM and active assisted elbow ROM
3. Begin unrestricted strengthening of flexors/pronators
4. May add resistive radial and ulnar deviation

Stage IV (3 to 6 months)

1. Avoid valgus stress to elbow and ballistic movement in terminal elbow ranges
2. Begin shoulder strengthening with light resistance (emphasis on cuff)
3. Start total body conditioning
4. May begin early tossing at 30 feet, progressing to 50 feet, no wind-up, 2-3 times/week, 10-15 min/session

Stage V (6-7 months)

1. Add shoulder internal rotation exercise in sidelying position
2. Lob ball on alternate days, no more than 30 feet, 10-15 min/session; Progress to lobbing with occasional straight throw at ½ speed, 60 feet, 20-25 min/session, 2-3 times/week

Stage VI (8 - 12 months)

Begin long easy throws from 150 feet with ball back to home plate on 5-6 bounces, 20-25 min/session. Begin 12-Day throwing cycle: Throw 2 days/rest one day, repeat 4 times.

Outfielders:

1. **8-8.5 mos:** Increase throwing distances to 250 feet, with ball reaching home plate on numerous bounces, 20-25 minutes/session, 12-Day cycle.
2. **8.5-9 mos:** Increase to 350 feet, $\frac{3}{4}$ speed-full speed, 30-35 min/session, 12-Day cycle.
3. **9-9.5 mos:** Short, crisp throws from 100-150 feet, $\frac{3}{4}$ -full speed, 30 minutes, 12-Day cycle.
4. **9.5- 10.5 months:** Return to throwing from normal playing position, $\frac{3}{4}$ -full speed with emphasis on technique and accuracy, 25-30 min/session, 12-Day cycle.
5. **10.5-11 mos:** Continue throwing from normal playing position, $\frac{7}{8}$ -full speed, gradually increase throwing time
6. **11-12 mos:** Simulate game day situation

Pitchers/Infielders:

1. **8-8.5 mos:** In and Out drill: Begin throwing at $\frac{3}{4}$ speed, gradually increasing the distance to 150 feet. Gradually decrease throwing distance until reaching normal throwing position distance. Perform this drill 30-35 minutes on the 12-Day cycle
2. **8.5-9 mos:** In and Out drill: Gradually reduce time throwing “in and out” and increase throwing time from normal playing position, $\frac{3}{4}$ speed-full speed, 30-35 min/session, 12-Day cycle
3. **9-9.5 mos:**
Infielders: Short, crisp throws from 100-150 feet, $\frac{3}{4}$ -full speed, 30 minutes, 12-Day cycle
Pitchers: Throw batting practice at $\frac{3}{4}$ -full speed, 30 minutes, 12-Day cycle
4. **9.5- 10.5 months:** Return to throwing from normal playing position, $\frac{3}{4}$ -full speed with emphasis on technique and accuracy, 25-30 min/session, 12-Day cycle.
5. **10.5-11 mos:** Continue throwing from normal playing position, $\frac{7}{8}$ -full speed, gradually increase throwing time
6. **11-12 mos:**
Infielders: Simulate game day situation
Pitchers: Warm up with appropriate number of pitches and throw for an average number of innings, taking the usual rest breaks between innings. Repeat this simulation 2-4 times with a 3-4 day rest period in between.

This program is designed to gradually return motion, strength and confidence in the throwing arm after surgical reconstruction. However, periodic adjustments may be required if the individual fails to progress in the prescribed fashion. In general, a 7-10 day rest period is indicated with flare-ups of pain or joint swelling that is documented as the activity level is increased.

This protocol provides you with general guidelines for the rehabilitation of the reconstructed elbow. The physician will make specific changes in the program as appropriate for an individual patient. If you have any questions regarding the progress for the patient, the physician should be contacted.