

Post-op PATIENT Instructions: UCL/Triceps Reconstruction

Dressing: A dressing has been applied to your elbow to absorb any fluid/blood. A small amount of blood on the dressing is to be expected. Begin dressing changes 24-48 hours following surgery. Remove the OR dressing, apply sterile gauze to the surgical site and re-tape. A small amount of soap/water or alcohol cleansing adjacent to the incisions is permitted with the first dressing change. Unless directed by your surgeon, **no salves, balms, or ointments to the incisions.** Band-Aids over the small incisions are recommended until they are completely sealed. Soreness and bruising is expected for several days afterward.

Showering is permitted 72 hours following surgery. Soaking the incisions should be avoided.

Ice: Ice is a powerful anti-inflammatory. Icepacks/wraps will help to reduce swelling and pain. Use liberally (20-30 min./session), but protect the skin from direct contact (and frostbite).

Activity: Wear the splint/hinged elbow brace as directed below. Gripping the hand with an exercise ball and keeping the fingers elevated and pointed toward the ceiling decreases extremity swelling. Sleeping in a recliner with pillows behind the elbow may provide additional comfort. No driving until permission is given by your surgeon.

Pain: A long-acting narcotic (every 12 hrs) used in combination with a shorter-acting narcotic (taken every 3-4hrs as needed for breakthrough pain) is given to control your pain. **Begin taking these pain medications when you BEGIN experiencing pain!** These meds can take 30-45 minutes to start “working”. You do not want to play “catch-up” by letting your pain get out of control. Nausea, drowsiness, and constipation are common side effects of narcotics. Adequate fluid intake and a stool softener obtained over the counter from your local pharmacy is recommended to minimize constipation. Call the office if you are unable to tolerate your medication.

Precautions: If you develop temperatures above 101.5°F (38.5°C), uncontrolled pain, marked redness, persistent/discharged drainage, or significant swelling. Call the office **(813)-684-2663**

Follow-up: If you do not already have an appointment scheduled, call the office as soon as possible to schedule your first post-op visit.

Special Instructions: _____ (Additionally, follow any indicated instructions below.)

Schedule physical therapy: per attached prescription as soon as able

Elbow splint/brace: locked at 90 degrees flexed (**NO DRIVING WHILE IN BRACE!**)

Ice (Cryotherapy) Unit: protect/check skin regularly

Additional Instructions:

**PT/OT PRESCRIPTION: UCL (TOMMY JOHN)
AND TRICEPS REPAIR REHAB PROTOCOL**

(Revised 9.1.15)

MD Orders for the Therapist:

- Physical Therapy/Occupational Therapy Prescription: 2-3 times per week x 6 weeks
- Follow this protocol *without substitution*. Contact my office with any questions.

Christopher T. Donaldson, MD

Precautions: Elbow ROM brace will be placed in OR and worn for 4-5 weeks depending on physician and operative management. The brace will be worn at all times including sleeping but may be removed for hygiene and exercises.

IMMEDIATE POST-OP PHASE: WEEK 0-2

Goals:

1. Protect healing Tissue
2. Decrease pain/inflammation
3. Limit muscle atrophy

Brace at 90 degrees

ROM

- Wrist AROM ext/flex
- Elbow – 30 - 90 degrees. (Flexion actively; Extension: supine, PASSIVE only; protect the triceps repair). Lock brace at night in most achieved extension.

Strength

- Gripping – Putty Exercise
- Hand intrinsic musculature – Putty and Rubber bands
- Bicep isometrics
- Scapular Stabilizers – Shrugs, Scapular Clocks, Shoulder Blade Squeezes.

Modalities

- Cryotherapy and E-stim for swelling control at elbow and graft site.

WEEK 2:

Brace: 20 – 105 degree; Locked while sleeping to maximize extension gains.

ROM

Elbow- 20 – 115 degrees. May progress if no pain or pinch is reported. (Continue: Flexion actively; Extension: supine, PASSIVE only; protect the triceps repair).

Strength

Continue Gripping and Hand intrinsic exercises
Isometrics- Bicep and in allowed ROM. No active triceps.
Manual resistance - Scapular exercises
Scapular clock and scapular pinches with home exercise program.

Core Strengthening

Begin trunk stabilization exercises (pelvic tilts)
Abdominal curl ups/knee ups

WEEK 3:

- **Brace** 10 – 120 degrees
- **ROM**
 - Elbow- 5 – 125 degrees. **May begin GENTLE Active Assisted Extension with gravity assistance.** May progress if no pain or pinch is reported.
- **Strength**
 - T-Band – Scapular retraction exercise
- **Conditioning**
 - Begin light cycling
 - Core strengthening avoiding any upper extremity stress.

INTERMEDIATE PHASE

Goals:

- Control pain and inflammation
- Gradual increase in ROM
- Promote healing of tissue
- Good scapular control with exercises
- Progress general conditioning including lower extremity strength work.

WEEK 4-5:

Brace open full range with D/C of brace upon completion of 5 weeks.

ROM:

Elbow 0 deg ext. to 130 deg. Flexion.

Low load long duration stretch, maintaining forearm in a neutral position, if elbow extension is lacking.

Shoulder internal rotation flexibility as indicated.

Strength

Initiate light resistance exercises

Wrist dumb bells – flexion/ extension/ pronation/ supination.

Elbow dumb bells and light T-band - flexion and extension.

Over pressure and rhythmic stabilization to be utilized with end range elbow extension strengthening.

Shoulder program for rotator cuff strengthening.

- Thera Band at 0 degrees shoulder abduction – Internal Rotation from neutral to full internal rotation.
- Thera Band at 0 degrees shoulder abduction - External Rotation from full internal rotation to neutral
- Prone Dumb bells – row/ extension/ flexion/ horizontal. abduction.
- External Rotation side lying – dumb bells and manual resistance.
- Standing dumb bells - flexion/ abduction/ scaption.

- Protraction supine– manual resistance proximal to the elbow.
- UBE
- Hand/gripping exercises to be continued.

Manual Therapy

Scar massage

Full elbow extension with over pressure as indicated.

Conditioning

Initiate Elliptical and /or stepper for aerobics

Begin leg press and mini lunges (gracilis graft)

Continue Core strengthening program.

WEEK 6:

ROM

Full AROM/PROM

Joint mobilizations as needed at end range with distraction.

Strength

Initiate Active extension/gentle and progressive triceps strengthening to tolerance

Thera band exercises - Shoulder internal rotation/ external rotation/ horizontal abduction.

– **AVOID VALGUS STRESS TO THE ELBOW**

ADVANCED STRENGTHENING PHASE

Goals:

1. Full elbow ROM maintained
2. Progression of UE strength without exacerbation
3. Good muscular control with manual exercises.
4. General conditioning progression tolerated

WEEK 9:

ROM

Normalize elbow ROM- external rotation of humerus to facilitate elbow extension- do not press at wrist. (avoid valgus stress at elbow)

Strength

Elbow – initiate eccentric flexion/ extension exercises and continue concentric strengthening progression

Shoulder – continue concentric strengthening program

Core Strengthening

Prone pike stabilization with forearms held in a neutral position.

Continue lower extremity strengthening progression

WEEK 10-16:

Strength

Continue strengthening as above.

Weight training program to be progressed (avoid pec fly's and push ups)

WEEK 14:

Functional Exercise

- 15 ft baseball throws into wall for mechanics
- Elbow elevation above the shoulder for over the top throwing mechanics.
- Finish throw with ample deceleration ROM from the shoulder back and trunk

WEEK 16:

Strength

Continue UE strengthening program
Continue core strengthening

Plyometrics

Continue progression of UE plyometric activities

Functional Activity Phase

Goals

1. Continuation of strengthening program
1. Full UE ROM maintained
2. Acceptable Isokinetic test results for external/internal rotators
 - Shoulder non-dominant to dominant side strength to be 90%
 - Shoulder external rotators to be 65% of internal rotators.

Functional Activities

Initiate interval throwing program / light golf swing with acceptable isokinetic results and physicians clearance. (**See Appendix: Throwing Progression**)

WEEK 18:

Functional Activities

Begin throwing progression with monitored mechanics avoiding medial elbow stress.
Maintain elbow elevation above shoulder height.
Curl hop to be used when initiating throws of 90 ft and greater.
Deceleration to include good back and trunk flexion ROM.