

Post-op *PATIENT* Instructions: ELBOW UCL RECONSTRUCTION

Dressing: A dressing has been applied to your shoulder to absorb any fluid/blood. A small amount of blood on the dressing is expected. Your recovery room nurse will teach you how to change your dressing. Change the dressing each day, leaving the prineo (clear tape over the incision) in place. Unless directed by your surgeon, **no salves, balms, or ointments (even antibiotic ointments) to the incisions.** Soreness and bruising is expected for several days afterward. Showering is permitted 72 hours after surgery with the incisions covered. After showering, apply a new dry dressing. **Do NOT soak the incisions. No swimming pools/bathtubs/hot-tubs/beach water for 4 weeks or until cleared by your surgeon.**

Ice: Ice is a powerful anti-inflammatory. Cold compression (“ice machines”) are important to reducing pain and swelling. Use liberally (20-30 min./session) but protect the skin from direct contact (and frostbite).

Activity: Wear the hinged elbow brace locked in position at all times. 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 nerve block has been performed for immediate post-op pain control by the anesthesiologist. It typically “wears off” at about 8-12 hrs following surgery. **Begin taking pain medications as soon as you BEGIN to experience pain!** These meds can take 45-60 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 important to minimize constipation.** Call the office if you are unable to tolerate your medication.

NARCOTIC MEDICATIONS ALONE WILL NOT PROVIDE COMPLETE PAIN RELIEF. COLD COMPRESSION (ICE MACHINES), TENS USE, AND REGULAR TYLENOL AND ANTI-INFLAMMATORIES (ALEVE/IBUPROFEN, IF MEDICALLY OK) ARE CRITICAL PARTS OF YOUR PAIN CONTROL PLAN. REQUEST FOR NARCOTIC REFILL WILL ONLY BE ACCEPTED DURING BUISNESS HOURS. PLEASE GIVE 24-48 HOURS FOR MEDICATION REFILL REQUESTS TO BE ADDRESSED

Precautions: Call the office (813)-754-1199 if you develop: temperatures >101°F, shortness of breath, chest pain, uncontrolled pain, marked redness/hives, persistent drainage, new onset numbness, significant incisional/calf swelling, or any other concerns. **Call 911 or report to the nearest emergency room with any concerns for medical emergencies**

PT/OT PRESCRIPTION: UCL (TOMMY JOHN)
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 as tolerated.

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

ROM

Elbow- 20 – 115 degrees. May progress if no pain or pinch is reported.

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Strength

- Continue Gripping and Hand intrinsic exercises
- Isometrics- Bicep and triceps in allowed ROM.
- 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 progress if no pain or pinch is reported.
- **Strength**
 - Light rhythmic stabilization at end range of elbow extension
 - 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 4 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

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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

Elbow PRE's – dumb bells and manual resistance

Push up plus on swiss ball, elbows remain straight.

Free throws- 1kg ball (100 – 200 reps.) against a wall.

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

– **AVOID VALGUS STRESS TO THE ELBOW**

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Manual resistance exercises (concentric and eccentric) Prone row/
horizontal abduction in neutral/ external rotation/ internal rotation/
flexion at 105 deg. thumb up position.
PNF- D2 pattern (hold at elbow) rhythmic stabilization at multiple angles.

WEEK 7:

Strength

Bodyblade - internal/external rotation at 0 degrees shoulder abduction
flexion and scaption at 90 degrees shoulder abduction
Impulse- internal/external rotation at 0 degrees shoulder abduction.

WEEK 8:

Strength

Seated row and lat pull
Prone row with external rotation
Prone quick drops – flexion/ external rotation/ horizontal abduction.
Thera-band at 90/90- external rotation/ internal rotation (perform slowly
avoiding valgus stress at the elbow)
Rhythmic Stabilization - 90/90 position and D2 PNF- holding at elbow
Free throws- 2 kg ball (100-200 reps) against a wall.

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)

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Strength

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

Shoulder – continue concentric strengthening program

Free throws- 3kg ball (100-200 reps) against a wall.

Manual resistance D2 PNF pattern with resistance proximal to the elbow.

Seated press ups

Impulse - 90/90 position external rotation and horizontal abduction.

Body blade- 90/90 position external rotation/ internal rotation/ and through the throwing motion.

Rhythmic Stabilization- at 90/90 position and through the D2 PNF pattern.

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

Isokinetic Testing

IR/ER testing to be performed at 90, 180 and 300 deg./sec.

Functional Activity Phase

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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.

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