

## **Post-op PATIENT Instructions: UCL/Triceps 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  $>101^{\circ}\text{F}$ , 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)**  
**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**

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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.

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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**

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**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**

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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.

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