

Dx: □ Right □ Left
Patient Name:
Date of Surgery:
PT/OT: Evaluate and treat. Follow the following protocol.

Signature/Date: _____

LATERAL COLLATERAL LIGAMENT RECONSTRUCTION REHABILITATION PROTOCOL

- 0 3 WEEKS In Cast
- 3 6 WEEKS In Hinged Elbow Brace for Protection Vertical motion only No lifting Avoid VARUS stress May begin active and active-assist range of motion exercises at 3 weeks working toward full AROM Shoulder ROM exercises and strengthening may be done several times daily keeping elbow safely in a vertical position
- 6 12 WEEKS May begin activities of daily living with affected hand May begin ISOMETRIC strengthening of the arm, hand, and wrist in a hinged Elbow Brace (unlocked) Hinged Elbow brace while in public (where the arm mightbe accidently hit or bumped)
- After 12 WEEKS May continue active and active-assist range of motion excercises with unlimited strengthen