



Lisa Kaplin, DO

Post-Operative Rehabilitation Guidelines for Lateral Ulnar Collateral Ligament Repair +/- Internal brace:

1-14 Days Postoperative:

- Do NOT remove the surgical bandage.
- Restrictions:

No lifting.

No driving.

- Varus stress precautions: Avoid shoulder abduction (lifting the arm out to the side). This position will place too much stress on the repair site.
- The patient is to begin active and passive range of motion of the fingers to prevent stiffness and reduce swelling.

10-14 Days Postoperative:

- The patient will be fitted with a hinged elbow brace with extension blocked at 90 degrees. Full elbow flexion is allowed.
- The hinged elbow brace is to be worn at all times, including sleeping. The brace may be removed for hygiene purposes and to perform the exercise program.
- Instruct the patient to begin active and passive range of motion of the wrist.
- Instruct the patient to begin active supination exercises only with the elbow flexed greater than 90 degrees. No passive supination is permitted.
- Instruct the patient to begin active elbow extension exercises only with the forearm in the pronated position to protect the ligament reconstruction. Limit the last 30 degrees of extension. No passive extension is permitted.
- Educate the patient on anti-edema management. This includes, but not limited to, self- retrograde massage, cold therapy, and extremity elevation. The anti-edema management will continue for several weeks.

3 Weeks Postoperative:

- The therapist will begin scar tissue management to decrease sensitivity and density, which could include ultrasound and/or silicone gel pads per therapist discretion. The scar tissue management will continue for several weeks.

6 Weeks Postoperative:

- The hinged elbow brace extension block is progressively advanced to 30 degrees of extension over the next two weeks.

8 Weeks Postoperative:

- The hinged elbow brace extension block is progressively advanced to 0 degrees of extension over the next two weeks.



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- Instruct the patient to begin passive range of motion of the elbow. Full flexion and extension is allowed.
- Instruct the patient to begin a progressive strengthening exercise program for the hand and wrist.

12 Weeks Postoperative:

- The hinged elbow brace is discontinued.
- Instruct the patient to begin a progressive strengthening exercise program for the elbow and shoulder.

16 Weeks Postoperative:

- Instruct the patient to continue their home exercise program for range of motion and strengthening.
- If the patient has not achieved functional range of motion and strength, then continue with occupational therapy for an additional 2-4 weeks.

20 Weeks Postoperative:

- The patient may resume normal activities of daily living as tolerated.
- Work status: The patient is allowed to return to full duty status if the job requirements have been met. If not met, then a functional capacity evaluation and work hardening program may be recommended.
- The healing process can take up to a full year. Therefore, it is advised to continue with the home exercise program until goals have been met.