

Name: _____ Date of Birth: _____

Diagnosis: Lateral Collateral Ligament insufficiency Code: S53.20

Procedure: Lateral Collateral Ligament Repair/Recon Surgery Date: _____

In order for University of Utah Health Care to complete this referral, please fax the patient's first consult notes to the University of Utah Orthopaedic Center at 801-581-4404. Thank you.

Timing of each phase varies based on individual patient factors, length of time immobilized, strength/ROM status, and expected performance/activity demands.

Phase I: Early ROM & Protect Repair (0 to 6 weeks after surgery)

- Splint and postop dressing remains in place for the first week
- Sutures are all underneath the skin and will dissolve on their own
- Initiate exercise program 5 times per day (after splint removed):
 - Passive and active elbow ROM to full flexion
 - Elbow extension to 30 degrees (with forearm pronated)
 - Forearm pronation/supination with elbow at 90 degrees flexion
- Grip and wrist/hand AROM immediately.
- AVOID terminal 30 degrees extension, perform supination ROM only with elbow flexed to 90 degrees
- Elbow brace at all times except with PT and showering. Brace locked at 60 degrees

Phase II: Full ROM and Function (>6 weeks after surgery)

- Discontinue night brace
- Advance ROM
 - Full elbow and forearm ROM
 - Terminal elbow extension performed with the forearm neutral or pronated until 3 months
- Initiate elbow and forearm strengthening
- AVOID activities creating axial load to involved extremity until 3 months

Modalities per Therapist

Freq: 1-3x/week

Duration: 8-12 weeks

Signature _____