

Name: _____ Date of Birth: _____
Diagnosis: _____ UCL Sprain _____ Code: _S53.449_____
Procedure: _____ Ulnar Collateral Ligament Repair _____ 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.

Ulnar Collateral Ligament Repair (Throwing Protocol)

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

- Splint and postop dressing remains in place for the first week.
- Sutures will be removed by surgeon in 10-14 days
- Night splint (60 degrees flexion) is to be worn at during day and night (after the initial dressing removed)
- Initiate elbow exercise program 5 times per day:
 - Passive and active elbow ROM to full flexion
 - Elbow extension to 30 (with forearm pronated)
 - Forearm pronation/supination ROM with elbow at 90 degrees flexion
- Grip and wrist/hand AROM immediately.
- Avoid terminal 30 degrees extension, perform supination ROM only with the elbow flexed to 90 degrees.

Phase II: Full ROM and function (>6 weeks)

- Discontinue night splint.
- 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 varus forces across the elbow until 3 months postop.
- Avoid activities creating axial load to involved extremity until 3 months postop.

4 Months

- Advance rotator cuff strengthening
- Avoid Isokinetic internal rotation strengthening until 6 months
- Soft toss 30 to 40 feet with no windup, 10 to 25 minutes per session, 3 days per week
- Ice post throwing

5 Months

- Increase tossing distance to 60 feet with no windup, 15 minutes per session, 3 days per week
- Ice post throwing

6 Months

- Isokinetic rotator cuff strengthening as tolerated
- Easy windup added to throwing, limit distance to 60 feet, 50% effort, 15 minutes per session
- Ice post throwing

7 Months

- Throw with 50% effort, 60 to 90 feet, 20-30 minutes, 3 days per week

8 Months

- If cleared by physician, advance to 70 % effort throwing for 30 minutes, 3 days per week

9-12 Months

- Advance throwing effort to 80% at 9 months from the mound, 30 minute max
- Increase to 90-100% at 10 months
- Focus on pitching mechanics
 - No competitive pitching until full progression tolerated well and minimum 11 months post-surgery

Modalities per Therapist

Freq: 1-3x/week

Duration: 8-12 weeks

Signature_____