

Physical Therapy Prescription

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.

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

- Soft post-op dressing remains in place for the first week
- Staples are removed at 2 weeks post-op
- Extension splinting at night only
- Initiate exercise program 5 times per day:
 - Passive and active assisted elbow ROM (flexion/extension/supination/pronation)
 - No restrictions in elbow motion
 - Grip, ROM, and strengthening exercises
- Notify surgeon if wound drainage persists greater than 10 days after surgery

Phase II: Restore Function (>6 weeks after surgery)

- Advance active and passive ROM as tolerated
- Initiate gentle elbow strengthening
- Discontinue night splint if applicable

Modalities per Therapist

Freq: 1-3x/week

Duration: 8-12 weeks

Signature _____