

ACCELERATED Ulnar Collateral Ligament Rehabilitation Protocol

(For "Primary MUCL Reconstructions with an Internal Brace" or "MUCL Repairs with an Internal Brace")

Phase	Goals	Precautions/Restrictions	Treatment
Weeks 0-2	<ul style="list-style-type: none"> Protect surgical site Decrease pain and inflammation Minimize muscle atrophy No elbow ROM 	<ul style="list-style-type: none"> Remain in dressing/splint Use sling for support No shoulder ER stretching No lifting No elbow ROM first 2 weeks 	<ul style="list-style-type: none"> Active shoulder, wrist, and hand ROM (no shoulder ER stretching) Scapular stabilization and shoulder isometrics (no shoulder IR strengthening) Address core and lower extremities Incorporate cardiovascular exercise as tolerated Modalities as needed
Weeks 2-6	<ul style="list-style-type: none"> Gradual return of full elbow ROM by 6 weeks post-op Improve muscle activation and strength Improve motor control 	<ul style="list-style-type: none"> Splint is removed and hinged elbow brace is applied at 2 weeks Brace use 24/7, except when working on elbow ROM with therapist No valgus stress to elbow 	<ul style="list-style-type: none"> Begin PROM and advance to AROM as able Begin pain free isometrics while in brace (no shoulder IR strengthening) Advance scapular strength and endurance Continue with cardiovascular endurance Continue with core stability Modalities as needed
Weeks 6-12	<ul style="list-style-type: none"> Wean out of brace Improve strength Improve endurance Maintain ROM Increase intensity of exercise Prepare for return to sporting activity 	<ul style="list-style-type: none"> Minimal valgus stress Progression from isometric to isotonic shoulder strength prior to start of plyometrics 	<ul style="list-style-type: none"> Increase shoulder/scap strength and stability Introduce gentle, sub max shoulder ER/IR isometrics from side to overhead Begin wrist & elbow isotonic exercise Begin "Thrower's 10" program Continue core stability and cardiovascular endurance (may begin running at week 6) Week 8: Initiate weight bearing through hand Week 10: Initiate 2 hand plyometrics Modalities as needed
Weeks 12-18 (Months 3-4.5)	<ul style="list-style-type: none"> Initiate interval return to throwing program 	<ul style="list-style-type: none"> Elbow ROM within 5 degrees of pre-surgical prior to throwing If difficulty with progression or other issues, convert to "Standard" protocol 	<ul style="list-style-type: none"> Continue with strength of total UE and scapular stabilizers Continue with "Thrower's 10" and plyo program Week 12: Initiate 1 hand plyometrics Initiate interval hitting program Initiate return to throwing program Week 12: Perform functional testing (FOTO, QuickDASH)
Weeks 18-26 (Months 4.5-6)	<ul style="list-style-type: none"> Pitchers: Begin mound program Position Players: continue with non-mound throwing progression 	<ul style="list-style-type: none"> Ensure they can consistently throw 120' long toss "on a line" without issue prior to beginning mound program 	<ul style="list-style-type: none"> Follow return to pitching program or competitive throwing progression Week 24 Outcome Assessments: <ul style="list-style-type: none"> FOTO, Quick DASH KJOC PRO Functional testing

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process. Each patient's progress may vary based on specifics of their injury and procedure.



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Weeks 26-38
(Months 6-9)

- Allow return to competitive throwing and live game activity
- Goal for return to games:
 - Position Players:
5-6 months
 - Pitchers:
6-9 months
- Follow return to pitching program or competitive throwing progression
- Continue to emphasize the following:
 - Maintenance arm care program
 - Proper throwing mechanics
 - Cardiovascular endurance
 - Core strengthening

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