

STANDARD Ulnar Collateral Ligament Rehabilitation Protocol

(For "Revision MUCL Reconstructions" or "Primary Reconstructions without 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 soon as tolerated (no impact) 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 core stability/cardiovascular endurance Modalities as needed
Weeks 6-16	<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 stabilization Introduce gentle, sub max shoulder ER/IR isometrics from side to overhead positions Begin wrist and elbow isotonic exercise Begin "Thrower's 10" program and advance slowly Continue core stability & cardiovascular endurance (may begin running at week 8) At week 12: May begin the following: <ul style="list-style-type: none"> Initiate 2 hand plyometrics Weight bearing through hand Perform functional testing FOTO, QuickDASH Week 14: Initiate 1 hand plyometrics Modalities as needed
Weeks 16-30 (Months 4-7)	<ul style="list-style-type: none"> Initiate interval return to throwing program Initiate interval hitting program 	<ul style="list-style-type: none"> Elbow range of motion within 5 degrees of pre-surgical measurement of involved side prior to initiation of throwing 	<ul style="list-style-type: none"> Continue strength of total UE & scapular stabilizers Continue with "Thrower's 10" and plyo program Follow return to throwing program Week 20: Begin interval hitting program Week 26 (6 Months) Perform the following: <ul style="list-style-type: none"> FOTO, QuickDASH KJOC Perform 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 30-52
(Months 7-12)

- Pitchers: Initiate mound throwing program
- Position Players: continue with non-mound throwing progression
- Gradual return to competitive throwing
- Goal for return to games:
 - Position Players: 9 months
 - Pitchers: 12 months
- Ensure they can consistently throw 120' long toss "on a line" prior to beginning mound program
- Follow return to pitching or competitive throwing program
- Week 52 Outcome Assessments:
 - FOTO, Quick DASH
 - KJOC PRO
 - Functional testing
- Continue to emphasize the following:
 - Maintenance arm care program
 - Proper throwing mechanics
 - Cardiovascular endurance
 - Core strengthening

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