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## Elbow UCL Reconstruction Rehab Protocol

**DISCLAIMER:** The intent of this protocol is to provide therapists with guidelines for rehabilitation based on a review of the best available scientific literature for this type of surgical procedure performed by Dr. Avallone using his operative technique. It is not intended to serve as a substitute for sound clinical decision making. Therapists should consult with Dr. Avallone if they require assistance in the progression of post-operative patients.

### 0-2 weeks:

- Splinted at 90°, forearm neutral
- Compression wrap from hand to above elbow for edema control
- Active ROM allowed for wrist flexion/extension and finger ROM
- Cold pack use
- Shoulder rolls

### Week 2:

- Fitted with functional hinged splint 30°-100°.
- Gentle pain free elbow active assisted/active ROM.
- Pain free wrist ROM flexion and extension,
- Pain free gentle active assisted pronation-supination with brace strap released.
- Should pendulums with brace on, should circles with palm facing down. (no ER/valgus stress)
- Gentle myofascial massage techniques to biceps, forearm musculature.
- Scar massage, kinesiotape for scar, continue edema control measures as needed.
- Cold pack use at least in evenings.

### Week 3:

- Hinge brace progressed to 15°-110°
- May progress patient to 0° if pain free, but avoid progressing flexion too quickly to avoid stress on ligament repair.
- Supine shoulder flexion, protraction, small should circles at 90° with palm neutral or pronated. (avoid horizontal abduction in supine)
- Continue rest as above.

### Week 4:

- Hinge brace progressed to 10°-120°
- Progress wrist weight exercises with light weight 1-2 lb.
- Limited arc IR/ER allowed at 90° - limit full ER until 6 weeks
- Continue as above.

Week 5:

- Hinge brace progressed to 5°-130°
- Continue as above.

Week 6-8:

- Hinge brace progressed to 0°-130°
- Active ROM of elbow from 0-145°
- Allow NuStep for gentle AAROM and progressing to light resistance as patient reports no increased pain.
- Discontinue brace between 6-8 weeks except in unsafe environments.

Strengthening Phase:

Week 9-13:

- Begin light pulleys. Theraband for home program.
- Progress through Throwers Ten Program.
- Caution during ER activities.
- Focus on eccentric elbow flexion/extension.
- Continue wrist and hand strengthening.
- Initiative plyometric exercises, starting with 2 hand throws at 13 weeks.

Week 14:

- Athletes initiate interval throwing program – phase 1
- Emphasis on flexibility, endurance, strengthening.

Week 22-26:

- May return to competitive throwing as surgeon allows.