TROPICAL
MEDICAL GROUP

Dx: ☐ Right ☐ Left

Patient Name: _____

Date of Surgery: _____

PT/OT: Evaluate and treat. Follow the following protocol.

Signature/Date: _____

888-9-TROPICAL www.TropicalMedicalGroup.com

# LATERAL COLLATERAL LIGAMENT RECONSTRUCTION REHABILITATION PROTOCOL

| | |
|---|---|
| 0 - 3 WEEKS | In Cast |
| 3 – 6 WEEKS | In Hinged Elbow Brace for Protection<br>Vertical motion only<br>No lifting<br>Avoid VARUS stress<br>May begin active and active-assist range of motion exercises at 3 weeks working toward full AROM<br>Shoulder ROM exercises and strengthening may be done several times daily keeping elbow safely in a vertical position |
| 6 – 12 WEEKS | May begin activities of daily living with affected hand<br>May begin ISOMETRIC strengthening of the arm, hand, and wrist in a hinged Elbow Brace (unlocked)<br>Hinged Elbow brace while in public (where the arm mightbe accidently hit or bumped) |
| After 12 WEEKS | May continue active and active-assist range of motion excercises with unlimited strengthen |