TROPICAL
MEDICAL GROUP

Dx: ☐ Right ☐ Left

Patient Name: _____

Date of Surgery: _____

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

Signature/Date: _____

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ULNAR COLLATERAL LIGAMENT RECONSTRUCTION REHABILITATION PROTOCOL (NON-THROWERS)

0-10 Days	Immobilization: Leave in dressing/immobilization, no motion
10 Days – 6 Weeks	Vertical motion only No lifting, especially squeezing and lifting Avoid VALGUS stress May begin active range of motion to flexion, extension and supination, with gravity assist only May manually assist PROnation only Gentle active motion of the hand, wrist, elbow, shoulder Hinged brace: 30° – 100° motion Weeks 3: motion advanced to 15° to 110° motion Weeks 3-6: increase 5° extension/10° flexion per week
6 Weeks – 12 Weeks	May begin activities of daily living with affected hand May take splint/brace off while at home Continue to sleep with splint to protect arm at night
After 12 Weeks	May continue active and active-assisted range of motion exercises with unlimited strengthening program Use splint only if doing contact sports