

Blake M. Bodendorfer, MD
1 Edmundson Place Suite 500
Council Bluffs, IA 51503
712-323-5333
16221 Evans Plaza
Omaha, NE 68116
402-991-9958
bbodendorfer@millerortho.com
omahasportsdoc.com



Post-Operative Rehabilitation Guidelines for Ulnar Collateral Ligament Reconstruction

- 0-4 Weeks: Posterior mold splint and sling until first post-op visit
 Splint removed and use hinged elbow brace for weeks 2-4
 Brace at 15 degrees extension to full flexion
 May begin grip strength in brace
 PT begins after splint is removed; PROM full flexion to 15 deg extension
- Week 4: Discontinue brace
 PROM into AAROM and AROM at elbow and shoulder as tolerated
 Begin strengthening exercises for wrist forearm, elbow and shoulder
 No aggressive weight lifting until 12 weeks post operatively
 No chest flies or lifts stressing ligament
 Avoid valgus stress on elbow until 2 months post operatively
 Total body conditioning / aerobic training may begin
- 5 Months: May begin interval-throwing program progressing from 45ft. up to 180ft.
 Pitchers are not asked to throw past 120ft., infielders not past 150ft.
 May progress from one distance level to next when following are met:
- No pain or stiffness while throwing
 - No pain or stiffness after throwing
 - Strength is sufficient throughout the final set with min. fatigue
 - Throwing motion is effortless and fundamentally sound
 - Accuracy is consistent and throws are on line
- For pitchers, mound program begins at completion of 120ft. level
- Catcher is initially moved forward, but throwing with pitching motion is reserved for the mound
 - No flat ground pitching is allowed
- 9-12 Months: Return to competition is permitted when following conditions are met:

- Trunk, scapula, shoulder and arm muscle strength/balance have returned to normal
- No pain while throwing
- Throwing balance, rhythm and coordination have been reestablished