Accelerated Ulnar Collateral Ligament Reconstruction / Repair Rehabilitation Protocol

Jacob Mikula MD | Orthopedic Sports Medicine

This protocol provides general guidelines for rehabilitation following accelerated ulnar collateral ligament reconstruction / repair. Progression should be individualized based on the procedure, healing, and patient response, with modifications as directed by the surgeon. For primary MUCL reconstructions with an internal brace or MUCL repairs with an internal brace.

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0-2	● **Protect surgical site** ● Decrease pain and inflammation ● Minimize muscle atrophy ● **No elbow ROM**	● Brace applied during surgery ● Remain locked x 2 weeks ● Use sling for support ● **No shoulder ER stretching** ● **No lifting** ● **No elbow ROM first 2 weeks**	**General guidelines** ● 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 tolerated ● Modalities as needed
Weeks 2-6	● Gradual return of full elbow ROM by 6 weeks post-op ● Improve muscle activation and strength ● Improve motor control	● Brace use 24/7, except when working on elbow ROM with therapist ● **No valgus stress to elbow**	**General guidelines** ● 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 with cardiovascular endurance ● Continue with core stability ● Modalities as needed
Weeks 6-12	● Wean out of brace ● Improve strength ● Improve endurance ● Maintain ROM ● Increase intensity of exercise ● Prepare for return to sporting activity	● Minimal valgus stress ● Progression from isometric to isotonic shoulder strength prior to start of plyometrics	**General guidelines** ● Increase shoulder/scap strength and stability ● Introduce gentle, sub max shoulder ER/IR isometrics from side to overhead ● Begin wrist & elbow isotonic exercise ● Begin “Thrower’s 10” program ● Continue core stability and cardiovascular endurance ● Modalities as needed **Week 6** ● May begin running at week 6. **Week 8** ● Initiate weight bearing through hand **Week 10** ● Initiate 2 hand plyometrics
Weeks 12-18 (Months 3-4.5)	● Initiate interval return to throwing program	● Elbow ROM within **5 degrees** of pre- surgical prior to throwing ● If difficulty with progression or other	**General guidelines** ● Continue with strength of total UE and scapular stabilizers ● Continue with “Thrower’s 10” and plyo program ● Initiate interval hitting program

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		issues, convert to “Standard” protocol	● Initiate return to throwing program **Week 12** ● Initiate 1 hand plyometrics ● Perform functional testing (FOTO, QuickDASH)
Weeks 18-26 (Months 4.5-6)	● Pitchers: Begin mound program ● Position Players: continue with **non-mound throwing progression**	● Ensure they can consistently throw 120’ long toss ”on a line” without issue prior to beginning mound program	**General guidelines** ● Follow return to pitching program or competitive throwing progression **Week 24** ● Outcome Assessments: ● FOTO, Quick DASH ● KJOC PRO ● Functional testing
Weeks 26-38 (Months 6-9)	● Allow return to competitive throwing and live game activity ● Goal for return to games: ● Position Players: 5-6 months ● Pitchers: 6-9 months		**General guidelines** ● Follow return to pitching program or competitive throwing progression ● Continue to emphasize the following: ● Maintenance arm care program ● Proper throwing mechanics ● Cardiovascular endurance ● Core strengthening