Standard Ulnar Collateral Ligament Reconstruction Rehabilitation Protocol

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This protocol provides general guidelines for rehabilitation following standard ulnar collateral ligament reconstruction. Progression should be individualized based on the procedure, healing, and patient response, with modifications as directed by the surgeon. For revision MUCL reconstructions or primary reconstructions without 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 soon as tolerated (**no impact)** ● 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 core stability/cardiovascular endurance ● Modalities as needed
Weeks 6-16	● 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 stabilization ● Introduce gentle, sub max shoulder ER/IR isometrics from side to overhead positions ● Begin wrist and elbow isotonic exercise ● Begin “Thrower’s 10” program and advance slowly ● Continue core stability & cardiovascular endurance ● FOTO, QuickDASH ● Modalities as needed **Week 8** ● Initiate Weight bearing through hand ● May begin running at week 8. **Week 10** ● Initiate 2 hand plyometrics **Week 12** ● Initiate 1 hand plyometrics ● Perform functional testing

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Weeks 16-30 (Months 4-7)	● Initiate interval return to throwing program ● Initiate interval hitting program	● Elbow range of motion within **5 degrees** of pre-surgical measurement of involved side prior to initiation of throwing	**General guidelines** ● Continue strength of total UE & scapular stabilizers ● Continue with “Thrower’s 10” and plyo program ● Follow return to throwing program **Week 20** ● Begin interval hitting program **Week 26 (6 Months)** ● Perform the following): ● FOTO, QuickDASH ● KJOC ● Perform functional testing
Weeks 30-52 (Months 7-12)	● Pitchers: Initiate mound throwing program ● Position Players: continue with **non-mound throwing progression** ● Gradual return to competitive throwing ● Goal for return to games: ● Position Players: 9 months ● Pitchers: 12 months	● Ensure they can consistently throw 120’ long toss “on a line” prior to beginning mound program	**General guidelines** ● Follow return to pitching or competitive throwing program ● Continue to emphasize the following: ● Maintenance arm care program ● Proper throwing mechanics ● Cardiovascular endurance ● Core strengthening **Week 52** ● Outcome Assessments: ● FOTO, Quick DASH ● KJOC PRO ● Functional testing