

**Elbow: Medial Collateral Ligament (MCL) or Lateral Ulnar Collateral Ligament (LUCL)
Repair or Reconstruction (w/allograft & interference screw; may include ulnar nerve decompression)
Post Operative Rehabilitation Protocol
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Following Surgery:

- Expect a surgical bulky dressing and splint.
- Elevate and ice for at least 3 days.
- Continue to elevate as often as possible until your next clinic visit. (Elevate above your heart.)
- Shower with a plastic bag covering the splint and seal with tape.
- Take your pain medication as needed and as prescribed. Call if any problems or questions arise.

Within 1 Week Post Op (at therapy):

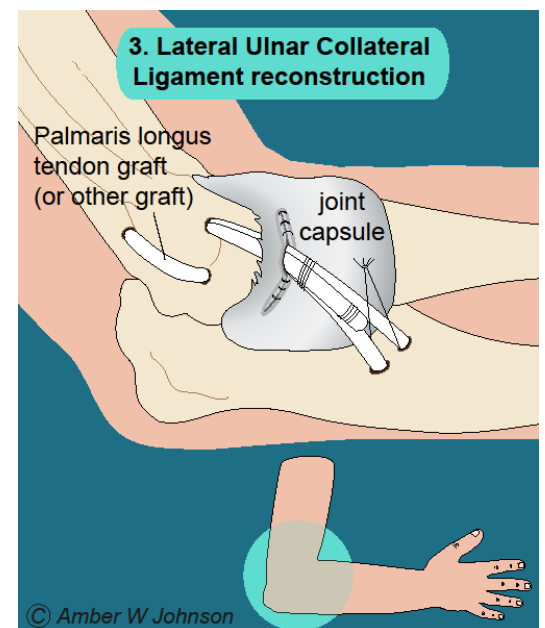
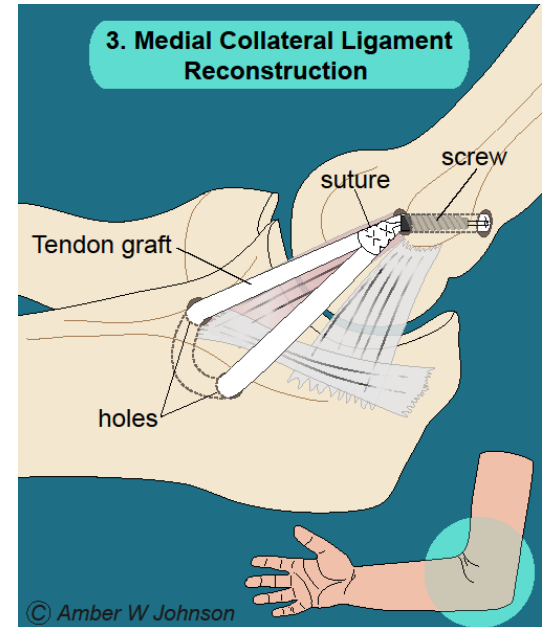
- Dressing and splint will be removed.
- Therapist will fit patient with a static long arm removable splint—elbow at approximately 90° and wrist included in splint.
 - Full supination (palm up) or neutral for MCL repair.
 - Full pronation (palm down) for LUCL repair.
- Begin gentle active wrist Range of Motion (ROM) extension/flexion as well as bicep and shoulder isometrics.

2 Weeks Post Op:

- Sutures will be removed in the office.
- Initiate transition to hinged elbow brace.
- At therapy, begin active elbow flexion and extension exercises with a 30° extension block 3-5 times a day.
 - To prevent loading of the repaired ligament, this is to be performed while lying supine with the arm overhead or across the chest while maintaining supination/pronation position.
- Therapist will assist with edema and scar management.
- Grip strengthening initiated with putty and a hand exerciser.

6 Weeks Post Op:

- Follow up appointment in clinic





- Gentle active supination and pronation initiated.

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12 Weeks Post Op:

- Follow up appointment in clinic
- Discontinue Hinged Elbow Brace
- Continue to work toward full range of motion (ROM) in elbow flexion and extension.
- Gentle strengthening only when active ROM is nearly full.
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Considerations:

- Avoid contact sports and heavy loading activities for 4-6 months.
- Plan slow and progressive return to full activities.