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***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.

3-4 Days Post Op (begin therapy):

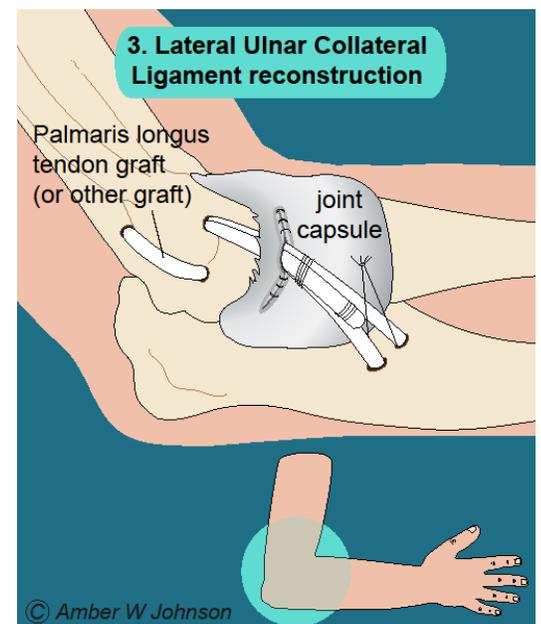
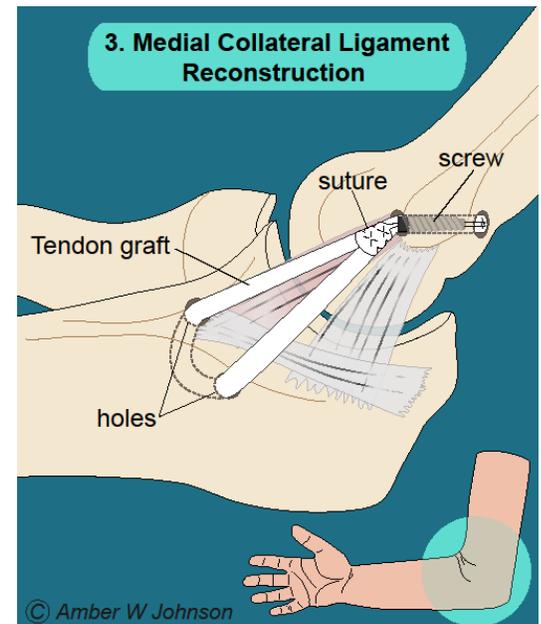
- Dressing and splint will be removed.
- Therapist will fit patient with a static long arm removable splint—elbow at approximately 90° and wrist included in splint.
 - Full supination (palm up) or neutral for MCL repair.
 - Full pronation (palm down) for LUCL repair.
- Begin gentle active wrist Range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

10 Days Post Op (at therapy):

- Sutures will be removed.
- Fitted with custom long arm splint fashioned by therapist.
- 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.

4 Weeks Post Op:

- Follow up appointment in clinic with P.A. or M.D.
- Gentle active supination and pronation initiated.
- Grip strengthening initiated with putty and a hand exerciser.



**Please visit our website at www.akhanddoc.com for illustrations.*

Note: These instructions are to serve as guidelines and are subject to Physician discretion. Actual progress may be faster or slower depending on the individual.



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8 Weeks Post Op:

- Follow up appointment in clinic with P.A. or M.D.
- Splint may be discontinued as advised by M.D.
- Continue to work toward full range of motion (ROM) in elbow flexion and extension.
- Gentle passive ROM to the elbow, forearm, and wrist.
- Gentle strengthening only when active ROM is nearly full.
- **A minimal (5-10°) extension loss is acceptable rather than forcing the movement and risk compromising the integrity of the collateral ligament.**

Considerations:

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

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