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Chippewa Valley Orthopedics & Sports Medicine

Patient _____

D.O.S. _____

UCL Repair with Internal Bracing

	Week 1: Phase 1	Week 2	Week 3	Week 4-5	Weeks 6-7	Week 8
Brace	Immobilized at 90 degrees flexion	Unlocked 30-110 degrees	Unlocked 10-125 degrees	Unlock 0-145 degrees	Discharge brace at 6 weeks	
ROM	Wrist AROM Shoulder A/PROM	A/PROM elbow 30-110 degrees	A/PROM elbow 10-125 degrees	A/PROM elbow 0-145 degrees Joint mobs as needed Progress towards equal shoulder total arc of motion		
UE Strength	Submax Isometrics: Shoulder: ER, IR, Flex, Ext, Abd Elbow: flex, ext Wrist: flex, ext	Continue previous Add forearm isometrics for supination and pronation	Biceps curl Triceps extension Prone scapula with elbow extended *Initiate components of Thrower's Ten (listed below)	Prone scapular strength (I, Y, T, W and extension) Forearm strength with emphasis on FCU and FDS	Shoulder IR and ER at 90 deg Closed chain UE for shoulder, elbow: bear crawl, pushups on counter → ground	2 handed plyometrics (if appropriate) chest pass, over-the-shoulder pass, overhead soccer pass
Core, LE strength, conditioning	Hold trunk, core and LE strength for at least 1 week post op	Upright bike, body weight strengthening for core and LE	Balance and strength without UE involvement Leg press, knee extension, hamstring curl	Closed chain UE -plank starting on counter, progress to floor, side plank on extended elbow	Progress strength without stress on upper extremity Can initiate running at 6 weeks	
Goal of Phase	Protect tissue healing, reduce pain/inflammation	Gradually restore elbow ROM, improve strength/endurance, normal joint arthrokinematics			Maintain/restore UE mobility, improve strength and endurance, neuromuscular control of elbow, functional progression of activity	

****AVOID VALGUS STRESS ON ELBOW WITH ALL PHASES**

***Thrower's Ten:**

- D2 extension with resistance bands
- D2 flexion with resistance bands
- Shoulder IR and ER with arm at 0 degrees with resistance bands
- Shoulder flexion, scaption, abduction
- Prone T – no weight

*****See back for Advanced Strengthening and Return-to-Activity**

UCL Repair with Internal Bracing – Advanced Strengthening and Return-to-Activity

	Weeks 9-16 : Advanced Strengthening Phase	Weeks 16+: Return-to-Activity Phase
Plyometrics	2-handed plyometrics for at least 2 weeks prior to 1 handed 1-handed plyometrics for at least 2 weeks prior to initiation of throwing (ex: shoulder ER/IR, 90-90 IR taps, shoulder arc taps, body blade)	Sport specific activities
ROM	Assess and treat as needed for symmetry	
Strength	Neuromuscular control of scapula and elbow (side lying ER, concentric/eccentric shoulder ER with rhythmic stabilization, eccentrics of posterior cuff) Shoulder and elbow rhythmic stabilization	Continue as appropriate, based on patient specific needs
Trunk/Core	Progress as able Able to perform medball rotational work once 1-handed plyometrics are initiated	
LE/Conditioning	Can initiate sprinting at 9 weeks, single leg activities, moderate/high intensity cycling	
Hitting Program	Initiate hitting around 10 weeks Perform at least 2 weeks of 2-handed plyometrics prior to initiating hitting program	Continue to progress hitting program
Throwing Program	Begin throwing progression with monitored mechanics – PHYSICIAN CLEARANCE NEEDED TO INITIATE Typically initiates around 12-14 weeks Perform at least 2 weeks of hitting prior to initiating throwing	Workload management of strength training, plyometrics, throwing and sport specific management Long-term planning of throwing program (ramp up periods, shut down periods, etc) Typical return to sport timeline: 8 months