

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Ulnar collateral ligament insufficiency Code: S53.39

Procedure: Ulnar collateral ligament reconstruction Surgery Date: _____

Instructions:

Phase One (1-9 weeks):

- Splint immobilization until two weeks post-operatively.
- Hinged elbow brace unlocked until 6 weeks post-operatively.
- Work to regain full range of motion by 6 weeks post-operatively.
- Begin isotonic strengthening at the elbow at week three.
- Protect the still healing ulnar ligament by avoiding elbow valgus torque activities.
- Emphasize maintenance of flexibility and strength of wrist, shoulder, scapula, core, and legs.
- Limit shoulder external rotation until 6 weeks as this can place a valgus stress on the elbow.

Phase Two (9-12 weeks):

- Stretching and strengthening of the periscapular stabilizers, rotator cuff, deltoid, legs, and core.
- Initiate the Thrower's Ten Exercise program. Focus on dynamic stabilization.

Phase Three (13-16 weeks):

- Continue to progress stretching and flexibility.
- Progress to Advanced Thrower's Ten, advance weights/bands.
- Begin isotonic program with bench press, seated row, lat pull-downs, triceps push downs, biceps.
- Begin plyometrics (such as bouncing a medicine ball into a trampoline), progressing from 2-handed (2 weeks) to 1-handed (2 weeks).

Phase Four (>16 weeks):

- Initiate progressive interval throwing program.
- Continue strengthening and stretching and Advanced Thrower's Ten program.
- Return to throwing 6-9 months; return to competition 12-15 months.
- Criteria for return to competitive throwing: completion of interval throwing program, greater strength in the shoulder on the operative arm than the non-operative arm.

Please emphasize a home exercise program.

Modalities

Heat before therapy, ice after, remaining modalities per therapist

Frequency: 2 times/week

Duration: 6 weeks

Signature: _____ Date: _____

Peter Chalmers, MD | June, 2018