UCL REPAIR
REHABILIATION PROTOCOL

	RANGE OF MOTION	IMMOBILIZER	EXERCISES
PHASE I 0-2 Weeks	None	Sling and postop posterior splint or hinged elbow brace Worn at all times, besides hygiene and exercises	Gentle wrist and shoulder ROM, grip strength *Okay to use phone, desk work, etc *Lower body, core, and cardio (no running) okay if arm in brace/splint and arm not being used **Avoid valgus stress until 8 weeks**
PHASE II 2-4 Weeks	PROM to AAROM to AROM at the elbow and shoulder as tolerated Goal: elbow PROM 0-120 by 4 weeks postop	Brace unlocked 15° to full flexion Worn at all times besides hygiene, unlocked 0-120° for therapy	Progress ROM, gentle joint mobs, closed chain scapula program, deltoid and cuff isotonic strengthening Thrower's Ten exercise program starts week 3 Start total body conditioning/aerobic training **Avoid valgus stress until 8 weeks**
PHASE III 4-8 weeks	Goal of 0-145 at elbow	Discontinue brace at 4 weeks	Progress to Advanced Thrower's Ten program Advance elbow/wrist strengthening after motion normalized **Avoid valgus stress until 8 weeks**
PHASE IV 8-10 weeks	Full and pain-free AROM	None	Progress to one-hand plyometrics and prone planks by week 8 Plyometrics program (1 and 2 hand) and side planks by week 9 Seated machine bench and interval hitting program by week 10 Continue Advanced Thrower's Ten
PHASE V 11-16 weeks	Full and pain-free	None	Initiate Interval Throwing Program (ITP) during weeks 11-12 Long toss program Phase 2 Continue prior exercises/total body conditioning
Phase VI 16-20 weeks	Full and pain-free	None	Initiate ITP phase 2 Initiate mound throwing when ready and ITP phase 1 complete

After 4 months postop, we recommend scheduling a throwing assessment with our Sports Performance team to guide progression to a safe return to sport program: https://www.rushortho.com/specialties-services/sports-performance-and-recovery/throwing-assessment/

**Patient protocols may vary. Please follow patient-specific script if modified