



ROSENBERG COOLEY METCALF  
THE ORTHOPEDIC CLINIC AT PARK CITY

**Charles C. Lind, MD**  
**Ulnar Collateral Ligament Reconstruction**  
**Post-Operative Protocol**

**Maximum Protection (0 to 10 Days):**

- Immobilization in posterior splint at 90° of elbow flexion
- Sling 10 days
- Ice and modalities to reduce pain and inflammation
- Passive/Active wrist and hand range of motion

**Phase II – Active Range of Motion and Early strengthening (10 days to 6 weeks):**

**10 days to 3 weeks:**

- Brace setting 30° to 100°
- Active elbow flexion and extension 30° to 100°
- Low resistance wrist and hand strengthening
- Rotator cuff sub-max isometric
- Active scapular strengthening exercises
- Proprioception drills emphasizing neuromuscular control

**Weeks 3 to 4:**

- Brace setting from 20° to 110°; increase range settings 10° of extension and 10° of flexion per week progressing to full by week 6

**Weeks 4 to 5:**

- Brace setting 10° to 120°
- Rotator cuff and scapular strengthening avoiding valgus stress

**Weeks 5 to 6:**

- Brace setting 0° to 130°

**Phase III – Strengthening Phase (Weeks 6 to 10):**

**Weeks 6 to 8:**

- Discontinue brace
- Restore full elbow range of motion with terminal stretching
- Advance rotator cuff and total arm strengthening program
- Proprioception and neuromuscular control drills
- Manual resistance and PNF patterns with proximal stabilization

**Phase IV – Advanced Strengthening and Plyometric Drills (Weeks 10 to 16):**

**Weeks 10 to 16:**

- Gym program, avoid valgus stress
- Initiate closed kinetic chain exercises
- Plyoball wall drills
- Two-armed rebounder drills, progressing to one-armed

**Phase V – Interval Throwing Program (Week 16):**

- Strength test and follow-up with physician
- Initiate interval throwing program based on >90% strength and negative clinical exam.