



Mid-America Orthopedics

Dr. John Babb

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ELBOW LCL RECONSTRUCTION PROTOCOL

Day 1-6 Post-op

PRECAUTIONS

- No ointments, betadine etc should be used on the incisions or portals.
- If any drainage/oozing is present recover with 4x4's, and notify Dr Babb (may need antibiotics).
- **NO ice bags** on any oozing or open wounds without being covered first with a bandage.
- If any wounds are oozing delay range of motion until wounds are closed and healed.
- **NO water on wounds** for 2 weeks (including showers) even if covered, no submersion of wounds in water (baths) until wounds are scars.
- **No Varus gravitational stressors**
- **Brace:** Splint locked at 90 degrees flexion with arm in pronation
- **NO PT UNTIL Day 7 Post-op**

Day 7-13 Post-op

- Patient begins PT and is placed into ROM brace
- PT removes bandages at first PT visit 1 week post-op, keep steri-strips intact until Dr Babb can remove them.
- **Brace:** locked at 90 degrees flexion with arm in pronation
- **ROM:**
 - Wrist AROM
 - Shoulder PROM
 - **NO elbow ROM**
 - **NO supination**
- **Strengthening:**
 - Shoulder isometrics (**NO IR or ER**)
 - Gripping exercises

Day 14-20 Post-op

- **Brace:** locked at 90 degrees flexion with arm in pronation
- **ROM:**
 - Continue all exercises above

ELBOW LCL RECONSTRUCTION

- Initiate shoulder AROM
- **NO elbow ROM**
- **NO supination**
- **Strengthening:**
 - Continue all exercises above
 - May initiate light scapular strengthening

Day 21-27 Post-op

- **Brace:** Brace opened 30-100 degrees. **Worn at all times**
- **ROM:**
 - Initiate elbow PROM/AAROM/AROM in neutral or pronation
- **Strengthening:**
 - Begin light wrist strengthening
 - Flexion & extension (1 lb resistance)
 - Progress shoulder strengthening
 - Pain-free isometrics
 - IR/ER tubing
 - Scapular strengthening

Day 28-34 Post-op

- **Brace:** Brace opened 30-125 degrees. **Worn at all times**
- **ROM:**
 - Continue elbow ROM in neutral or pronation
- **Strengthening:**
 - Progress wrist strengthening slowly
 - Flexion & extension
 - Progress shoulder program slowly
 - Rotator cuff & scapular strengthening

Day 35-41 Post-op

- **Brace:** Brace opened 30-135 degrees. **Worn at all times**
- **ROM:**
 - Continue elbow ROM in neutral or pronation
- **Strengthening:**
 - Continue exercises as listed above
 - Initiate Thrower's Ten program

6 Weeks Post-op

- **Brace:** Discharge brace
- **ROM:**
 - Progress to full, pain-free ROM
- **Strengthening:**
 - Continue exercises as listed above

- Progress Thrower's Ten Program with resistance

7 Weeks Post-op

- **Strengthening:**
 - Progress Thrower's Ten Program resistance
 - Initiate PNF diagonal patterns (light)

8-10 Weeks Post-op

- **Strengthening: :**
 - Initiate eccentric elbow flexion/extension
 - Continue isotonic program: forearm & wrist
 - Continue shoulder program – Thrower's Ten Program
 - Manual resistance diagonal patterns
 - Initiate plyometric exercise program (2 hand plyos close to body only)
 - Chest pass
 - Side throw close to body

10-12 Weeks Post-op

- **Strengthening:** Continue all exercises listed above
 - Progress plyometrics to 2 hand drills away from body
 - Side to side throws
 - Soccer throws
 - Side throws

3-4 Months Post-op

- **Strengthening:** Continue all exercises
 - Emphasis on elbow and wrist strengthening and flexibility exercises
 - Maintain full elbow ROM
 - Initiate one hand plyometric throwing (stationary throws)
 - Initiate one hand wall dribble
 - Initiate one hand baseball throws into wall
 - Initiate isotonic machines strengthening exercises (if desired)
 - Bench press (seated)
 - Lat pull down
- Initiate golf, swimming
- Initiate interval hitting program

4-5 Months Post-op

- **Strengthening:**
 - Initiate interval throwing program (Phase I) [long toss program]
 - Continue Thrower's Ten Program and plyos

- Continue to stretch before and after throwing

5-6 Months Post-op

- **Activity:** Progress to Phase II throwing (once successfully completed Phase I)

6 Months Post-op

- **Activity:** Gradually progress to competitive throwing/sports

Patient progression during the time frames along with general modality and exercise choice is left up to the discretion of the treating therapist. If you have any questions regarding this protocol, please contact (316) 630-9300.