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Physical Therapy Protocol: Elbow MCL Reconstruction

Philosophy:

Rupture of the elbow MCL is a devastating injury and is more common in throwing athletes. The injury can lead to elbow dysfunction, pain, and loss of throwing velocity. The MCL reconstruction protocol begins with early immobilization, followed by a progression to strength, and then advanced functions such as overhead motion. An excellent result cannot be established without the patient following the therapist's instructions. Overall return to throwing is anticipated at 9 months, with typical results of 90-95% strength noted from pre-injury level in throwing velocity (results can also improve up to a year post-op, depending on age and patient commitment). The following are guidelines for elbow MCL reconstruction.

Phase I, surgery to 4 weeks

OSMS appointments:

Medical appointment at 2 weeks

Rehabilitation will begin as directed by your physician and as indicated on your rehabilitation order

Rehabilitation Goals:

Promote gentle shoulder, hand and wrist ROM

Precautions:

Sling for comfort

Compressive dressing, changed at 7-10 days

Bledsoe™ brace at 75° with wrist free for motion x 2 weeks

OK to adjust brace 30° to full flexion at 2-4 weeks

Suggested Therapeutic Exercises:

Grip strengthening

Gentle wrist and hand ROM

Cardiovascular Exercises (with sling on):

Walking or stairmaster

Phase II, 4-16 weeks

OSMS appointments:

MD appointments at 6 & 12 weeks

Rehabilitation appointments every 5-7 days, continuing to home program

Rehabilitation Goals:

Discontinuation of Bledsoe™ brace



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Continue shoulder strengthening and ROM

All elbow AROM/PROM is advanced as tolerated

Precautions:

Avoid aggressive weightlifting until 12 weeks after surgery, esp. chest flies or other lifts that stress the elbow

Suggested Therapeutic Exercises:

Elbow and wrist isometrics

Ball squeezes

Progression Criteria:

Full shoulder ROM

Full elbow motion actively

Phase III, 16+ weeks

Rehabilitation Goals:

May begin interval throwing program progressing from 45 ft to 180 ft

Progression Criteria:

There should be no pain or stiffness while throwing to advance

There should be no significant pain or stiffness after throwing

The throwing motion should be effortless and fundamentally sound

Strength is good throughout the final set with little fatigue

Throwing accuracy is consistent and throws are online

The patient can progress to full activities when they have met goals pain-free

For pitchers, the mound program begins at the completion of the 120 ft level

No flat ground pitching is allowed

Pitching with a full wind-up is reserved for the return to mound throwing

After 9 months, return to competitive throwing is allowed as long as balance, rhythm, and coordination has been re-established