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Patient Name: _____ **Date:** _____

Treatment Frequency: _____ **Duration of Therapy Prescription:** _____

PHYSICAL THERAPY PRESCRIPTION:
Elbow MCL Reconstruction Rehabilitation

Phase I (Post op to 6 weeks)

- Splint x 1 week
- Brace (hinged elbow brace) for 5 weeks - range of motion: 30 - 90 degrees
- Re-evaluate at 3 weeks for motion: if tight, advance motion to 15 - 105 degrees
- Avoid pronation and supination in brace
- Begin gentle grip strengthening at 3 weeks
- Encourage wrist extension/flexion in brace.
- Encourage motion in contralateral arm if used for palmaris harvest
- BRACE ON AT ALL TIMES

Phase II (@ 6 weeks post surgery)

- Begin ROM exercises to restore full motion (no forced FLEXION)
- Begin gentle global rotator cuff strengthening exercises
- Begin gentle forearm strengthening exercises
- Cardiovascular exercises may begin at this point
- Anti-inflammatory modalities applied as necessary

Phase III (@ 8 weeks post surgery)

- **Discontinue brace at this point**
- Begin forearm resistance exercises - first in flexion (90 deg) then advance to more extension as strength increases
- Continue to advance rotator cuff and scapula training / strengthening

Phase IV: Throwing protocol (per Dr. Day) starts at 4 months post surgery

Please send progress notes.

Physician's Signature: _____

Michael S. Day, MD

Phase I (0-4 weeks)

- Brace - 30 to 90 degrees (MD directed)
- Gripping exercises
- AROM exercises in brace
- Wrist ROM
- Scapular isometrics

Phase II (4-6 weeks)

- Begin pain free deltoid isometrics in brace
- Begin pain free wrist and elbow isometrics in brace
- Begin manual scapular stabilization exercises with proximal resistance
- Continue AROM in brace
- Modalities as needed

Phase III (6-8 weeks)

- D/C brace – (MD directed)
- Continue to restore ROM gradually (avoid passive stretching)
- Begin light wrist isotonic
- Begin light elbow isotonic
- Begin scapula and shoulder isotonic (continue to avoid valgus stress)
- Upper body ergometer (if adequate ROM)

Phase IV (8-12 weeks)

- Begin IR/ER strengthening in neutral
- Advance elbow/wrist strengthening (stress eccentrics)
- Continue aggressive shoulder and scapula strengthening
- Continue to restore ROM
- Continue upper body exercises for endurance

Phase V (12-15 weeks)

- Advance IR/ER to overhead position
- Continue aggressive upper extremity strengthening
- Restore normal flexibility
- Begin plyometric program (if pain free and have good strength base)
- Continue endurance training
- Address trunk and lower extremities

Phase VI (15-18 weeks)

- Continue flexibility exercises
- Continue full upper extremity program (incorporate training principles)

THROWING PROTOCOL:

(progression dependent on mechanics and level of conditioning)

Begin interval throwing “short tossing” program @ 4-6 months

Toss ball 30-40 feet 2-3x per week without wind-up for 10-15 min per session

Begin swinging program @ 5 months

May increase tossing distance to 60 feet

Begin pitching from flat ground @ 6-8 months

May perform an easy wind-up

May perform exercises and tossing on alternate days

Use ice following all workouts to decrease swelling and inflammation

Begin pitching from mound @ 9-12 months

Continue ROM and strengthening program

Limit throwing to 50% full speed, gradually increase sessions to 25-30 minutes

Gradually progress to maximum velocity

Return to competition considered @ 9-12 months

Shoulder, elbow, wrist must be pain free during throwing motion

Upper extremity strength should have returned to normal