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PHYSICAL THERAPY PRESCRIPTION:

Elbow MCL Rehabilitation

Patient Name: _____ **Date:** _____
Treatment Frequency _____ **times per week, for** _____ **weeks** **SITE** **R** **L**

Please send progress notes.

Physician's Signature: _____

Michael S. Day, MD

Phase I (Post injury to 6 weeks)

- 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.
- BRACE ON AT ALL TIMES

(0-4 weeks)

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

(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 II (@ 6 weeks post injury)

- 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

(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 III (@ 8 weeks post injury)

- **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

(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 IV (@ 3 months post injury)

- Throwing protocol (per Dr.Day) – see attached sheet
- Modalities as needed

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:

Begin interval throwing “short tossing” program @ 4 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 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 @ 7 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