

UCLR with Autograft Protocol

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

Anytime the dressing is changed or examined, *please wash hands* prior with antibacterial soap. Do not apply any ointments or medications to the area. The surgical dressing should be changed by the therapist using *sterile* technique. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Do NOT remove steri-strips. The new dressing should include dry gauze and ACE wrap. For a shoulder arthroscopy the portals may be redressed with band-aids.

***Range of motion is an important progression of therapy, but limiting swelling is important. Respecting swelling will decrease pain and improve motion.**

	Goals	Sling/ROM Precautions	Therapeutic Exercise
Phase 1 (Weeks 0-3)	<ul style="list-style-type: none"> • Protect healing tissue • Decrease pain/inflammation • Retard muscular atrophy 	<p>Week 1 Posterior splint at 90° elbow flexion Elbow compression dressing (2 to 3 days)</p> <p>Week 2 Application of functional brace 30° to 100° (TROM or Bledsoe)</p> <p>Week 3 Advance brace 15° to 110° (gradually increase range of motion; 5° of extension / 10° of flexion per week)</p>	<p>Week 1 -Wrist active range of motion, extension/flexion. -Exercises such as gripping, wrist range of motion, shoulder isometrics (except shoulder internal rotation), biceps isometrics -Cryotherapy to decrease inflammation</p> <p>Week 2 -Initiate wrist isometrics -Initiate elbow AROM with limits of 30°extension and 110° flexion -Continue all exercises listed above -Continue shoulder and</p>

			<p>scapular exercises -Gentle AAROM within the brace</p> <p>Week 3 Same as above, with gradual increase in elbow AROM with limits of 15° extension and 110° flexion.</p>
<p>Phase 2 (Weeks 4-8)</p>	<ul style="list-style-type: none"> • Gradual increase in range of motion • Promote healing of repaired tissue • Regain and improve muscular strength 	<p>Week 4-5 Functional brace set (10° to 120°)</p> <p>Week 7-8 Functional brace set (0-130°) Discontinue brace use gradually at 6 to 8 weeks postoperatively (wear in crowds or activities/off at home)</p>	<p>Week 4-5 -Begin light resistance exercises including (1 lb) wrist curls, extensions, pronation/supination, and increase elbow AROM to WNL by 6 weeks post op -Progress shoulder program; emphasize rotator cuff strengthening -Shoulder external rotation strengthening permitted through limited arc of motion—limit the amount of external rotation range of motion until 6 weeks (watch for valgus force on elbow)</p> <p>Week 7-8 -Active range of motion without brace (0-140°) -Progress elbow strengthening exercises -Progress shoulder external rotation strengthening -Progress shoulder program to Throwers Ten Program</p>
<p>Phase 3 (Weeks 9-13)</p>	<ul style="list-style-type: none"> • Increase strength, power, and endurance • Maintain full elbow range of motion • Gradually initiate 	<p>Wean brace</p>	<p>Week 9 -Initiate eccentric elbow flexion/extension -Continue isotonic program; forearm and wrist -Continue shoulder program—Throwers Ten Program -Manual resistance diagonal</p>

	sporting activities		<p>patterns</p> <ul style="list-style-type: none"> -Emphasize scapular and core exercises <p>Week 11</p> <ul style="list-style-type: none"> -Continue all exercises listed above -May begin light sport activities (ex: golf, swimming) <p>Week 12</p> <ul style="list-style-type: none"> -Initiate plyometrics—2 hand drills only -May initiate interval hitting program for baseball players
<p>Phase 4 (Weeks 14-26)</p> <p>Return to Sports (Weeks 26-52)</p>	<ul style="list-style-type: none"> •Continue to increase strength, power, and endurance of upper extremity musculature •Gradual return-to-sport activities 		<p>Week 14</p> <ul style="list-style-type: none"> -Initiate 1-hand plyometric drills -Continue strengthening program -Emphasis on elbow and wrist strengthening and flexibility exercises <p>Week 16-22</p> <ul style="list-style-type: none"> -Continue all exercises listed above: stretching and range of motion, Throwers Ten Program, plyometrics, long toss program -Progress to off-the-mound program at 16 weeks <p>Month 6-9</p> <p><i>Gradual</i> return to competitive throwing. Some patients may take up to 12 months as they need to work on Core/LE's and throwing mechanics before returning</p>

Comments: Teach HEP _____

Modalities: PRN

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ **Date** _____