

UCLR with Autograft Protocol

Name							Date								
Procedure _															
Procedure	Date	e													
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	Protect healing	Week 1	Week 1
(Weeks 0-3)	tissue	Posterior splint at 90 ° elbow flexion	-Wrist active range of motion, extension/flexion.
	• Decrease pain/inflammation	Elbow compression dressing (2 to 3 days)	-Exercises such as gripping, wrist range of motion, shoulder isometrics (except
	Retard muscular	Week 2	shoulder internal rotation),
	atrophy	Application of functional brace 30° to 100° (TROM or Bledsoe)	biceps isometrics -Cryotherapy to decrease inflammation
			Week 2
		Week 3	-Initiate wrist isometrics
		Advance brace 15° to 110° (gradually increase	-Initiate elbow AROM with limits of 30° extension and
		range of motion; 5° of extension / 10° of flexion per week)	110° flexion -Continue all exercises listed above -Continue shoulder and

Phase 2 (Weeks 4-8)	 Gradual increase in range of motion Promote healing of repaired tissue Regain and improve muscular strength 	Week 4-5 Functional brace set (10° to 120°) 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)	scapular exercises -Gentle AAROM within the brace Week 3 Same as above, with gradual increase in elbow AROM with limits of 15° extension and 110° flexion. 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) Week 7-8 -Active range of motion without brace (0-140°) -Progress shoulder external rotation strengthening -Progress shoulder program to Throwers Ten Program
Phase 3 (Weeks 9- 13)	 Increase strength, power, and endurance Maintain full elbow range of motion Gradually initiate 	Wean brace	Week 9 -Initiate eccentric elbow flexion/extension -Continue isotonic program; forearm and wrist -Continue shoulder program—Throwers Ten Program -Manual resistance diagonal

	sporting activities	patterns
	sporting activities	-Emphasize scapular and core
		exercises
		Week 11
		-Continue all exercises listed
		above May begin light sport
		-May begin light sport activities (ex: golf,
		swimming)
		5 (
		Week 12
		-Initiate plyometrics—2 hand
		drills only
		-May initiate interval hitting
		program for baseball players
Phase 4	•Continue to	Week 14
(Weeks 14- 26)	increase strength, power, and	-Initiate 1-hand plyometric drills
20)	endurance of upper	-Continue strengthening
	extremity	program
	musculature	-Emphasis on elbow and
		wrist strengthening and
Return to	•Gradual return-to-	flexibility exercises
Sports	sport activities	
(Weeks 26-		Week 16-22
52)		-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
		Month 6-9
		<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

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
	Date