

REHABILITATION PROTOCOL Emilie V. Cheung, MD

Medial Collateral Ligament Reconstruction Rehabilitation for Throwers Right M25.321, Left M25.322

Day 0-10:

- Prior to leaving the operating room a sling, splint and a bulky bandage will be applied to your elbow.
- Control swelling. Following discharge from the primary surgery you should go home and rest, elevate your extremity and use ice to bring down swelling for 20 minutes, once per hour.
- Control pain. You will be sent home with a prescription for pain medications. You should take this for baseline pain and add Motrin or Tylenol for severe pain.
- You may gently roll the wrist so that the hand is facing upward. This will be painful. Do not use pressure. You may roll the wrist palm up as much as you like.

0-10 days:

• Immobilization in splint.

Day 10 - 6 weeks:

• Gentle active motion of the hand, wrist, elbow, and shoulder.

6 weeks to 3 months

- Stretching and isometric strengthening of the hand, wrist, elbow, and shoulder.
- Rotator cuff exercises performed isotonically.

3 months

May toss a ball 30 feet, 3 times a week for 10 minutes (No windup)

4 months

May toss a ball 40 feet, 3 times a week, for 10 minutes. (No windup)

5 months

May toss a ball 50 feet, 3 times a week, for 10 minutes. (No windup)

6 months

May toss a ball 60 feet with easy windup.

7 months

General, unrestricted stretching and strengthening program for the entire upper extremity

9 months

70% of maximum velocity with throwing for 25-30 minutes.

One year

Full throwing with no restrictions.