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Physical Therapy Elbow: Lateral Collateral Ligament Repair with Internal Brace

Precautions

Dependent on status of reconstruction and surgeon preference

Protocol will be more aggressive since internal brace was performed

No elbow ROM for 2 weeks

Slow progression of supination, elbow extension and elbow flexion

A/PROM to protect LCL

Unrestricted activity, including sports-specific skills, may be limited for 5 months.

Immediate Postoperative Phase (0–3 Weeks) Goals: Protect healing tissue Decrease pain and inflammation
Retard muscle atrophy Protect graft site to allow healing

0-2 Weeks

Brace: Posterior orthosis at 90 degrees elbow flexion and full forearm pronation to control forearm rotation (3–4 weeks)

ROM: Begin gradual wrist ROM, **No elbow ROM** Shoulder ROM with brace/orthosis on Elbow postoperative compression dressing (5–7 days) Wrist (graft site) compression dressing 7–10 days as needed

Exercises: Gripping exercises Wrist ROM Shoulder isometrics (no shoulder ER or IR)

Cryotherapy: To elbow joint and to graft site at wrist

2-4 Weeks:

Hinged elbow brace for weeks 0-4

PROM into AAROM and AROM at elbow and shoulder as tolerated

Progress elbow ROM to 10-125 by post op week 3

Initiate Thrower's Ten exercise program by week 3

Scapular and light isotonic strengthening

No lifting

Desensitization and scar massage as soon as sutures are removed

4-8 Weeks:

Progress ROM to 0-145 degrees

Progress to Advanced Thrower's Ten program

Progress elbow and wrist strengthening exercises once motion achieved

8-10 Weeks:

Progress to one-hand plyometrics and prone planks by week 8

Plyometrics program (1 and 2 hand) and side planks by week 9

Seated machine bench press and interval hitting program by week 10

Continue Advanced Thrower's Ten program

11-16 Weeks: Initiate Interval Throwing program week 11-12
Long Toss program – Phase I
Continue prior exercises

16-20 Weeks: Initiate Interval Throwing program – Phase 2
Initiate mound throwing when ready and completed ITP – Phase I