Dr. Scott Trenhaile, MD Michael D. Gilbertson, PAC Tori Homb, APN

SCOTT W. TRENHAILE, M.D. Clinical Assistant Professor/Orthopedic Surgeon

Phone: 815-398-9491 info@scotttrenhailemd.com 324 Roxbury Road | Rockford, Illinois 61107 www.scottrenhailemd.com



# Post-Operative Instructions – Elbow Lateral Ulnar Collateral Ligament Repair/Reconstruction

## **Surgical Description:**

A procedure during which an incision is made along the lateral aspect of the elbow to repair a torn or overstretched ligament in order to provide stability for the elbow joint.

# 10 - 14 days post-op

- Long arm orthoplast orthosis positioning elbow at approximately 75 degrees of flexion and forearm in neutral is fabricated for continuous wear
- Begin edema management
- Begin A/PROM exercises for the wrist and hand
- Begin AROM for elbow flexion/extension (30 degree block) with forearm in pronation
- Begin AROM for forearm supination/pronation with elbow flexed at 90 degrees

## 3 weeks post-op

- Therapist-provided and self-PROM flexion/extension exercises may be initiated with the forearm in pronation
- Therapist-provided and self-PROM forearm supination/pronation exercises may be initiated with the elbow flexed at 90 degrees
- Begin use of modalities for edema/scar management

#### 4 weeks post-op

• Begin scar massage to incisional sites pending full closure of incision

#### 5 weeks post-op

• Discontinue 30 degree extension block during ROM exercises

#### 6 weeks post-op

- Begin active elbow flexion/extension with forearm in neutral and supinated planes
- Discontinue orthosis

# 8 weeks post-op

- Begin strengthening
- Weight restriction of 5 lbs

## 12 weeks post-op

• Aggressive strengthening with no weight restrictions

#### Adapted From:

Diagnosis and Treatment Manual for Physicians and Therapists (The Hand Rehabilitation Center of Indiana, 2001). Consultation with Dr. Brian Bear, MD at Ortholllinois