

Elbow Ligament Repair Rehabilitation Guidelines

Goals:

- Protect the healing tissues
- Ice and elevate wrist and elbow above the level of your heart near continuously for the first 5 days postoperatively and then as needed. This will decrease the swelling and help with the pain.
- No weightbearing on the operative arm (no pushing off to get out of bed etc) until further notice.

Phase I: (0-2 weeks postop)

- Maintain posterior splint at 90 degrees of elbow flexion until follow up appointment. The splint may maintain your forearm pronated (palm down) for a Lateral collateral ligament repair or supinated (palm up) for a Medial collateral ligament repair (Tommy John) or neutral (thumb up) if both ligaments were repaired.
- Keep splint on and dry.
- Actively Flex and extend fingers and thumb (operative extremity) every 15 minutes while awake.

Phase II: (2-3 weeks postop)

- Elbow ROM (range of motion) 15 degrees-105 degrees in a hinged brace. AAROM (active assisted range of motion) means using your nonoperative hand to assist in flexing and extending the operative elbow in the brace at least 5 min 5X/day or 1 minute every hour while awake. Can also remove the brace 1 minute every hour to perform AAROM for full pronation and supination (Palm up and palm down with the elbow held next to side at 90 degrees of elbow flexion).
- Can add grip strengthening with a stress ball/sponge for the operative hand.

Phase III: (3-4 weeks postop)

- Elbow ROM 5 degrees-120 degrees in hinged brace. Continue all the phase II exercises.
- Start Shoulder AROM and PROM exercises (see Shoulder Exercise sheet)

Phase IV: (4-8 weeks postop)

- The hinged brace will be discontinued during this phase (the exact timing is at the discretion of the surgeon and depends on the degree of ligament repair that was necessary).
- Continue all Phase II exercises.

- Restore full AAROM (0-145 degrees). Continue to emphasize the full pronation and supination exercises with the elbow held at 90 degrees of flexion and arm next to the side.
- Start gravity assisted AAROM for flexion and extension of the operative elbow(see Elbow Exercise sheet).
- 2 weeks after the staples are removed, can start scar massage with any moisturizer (CeraVe, Vaseline Intensive Care, Vitamin E ointment) as long as the incision has no drainage whatsoever and appears to be healing well.

Phase V: (8-16 months postop)

- Start isometric strengthening with therapy bands for Elbow, Forearm, Hand, and Shoulder 3-4 times per week.
- Continue all Phase II AROM and PROM exercises 1 minute every hour while awake.
- May add Plyometrics at 12 weeks postop.
- May add Thrower's 10 Program for the Shoulder at 14 weeks postop.

Phase VI: (16-20 weeks postop)

- Advance to full unrestricted activities during this timeframe at surgeon's discretion.
- Continue all Phase II (ROM) and Phase V (strengthening) atleast until 1 year postop.