



New England Shoulder and Elbow Center

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LUCL Repair/Reconstruction Physical Therapy Guidelines

The following are guidelines for LUCL Repair/Reconstruction. Progression is both criteria based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. The rehabilitation program following LUCL Repair/Reconstruction must take into account and allow for the healing of surgically repaired tissue. The program should balance the aspects of tissue healing and appropriate interventions to restore ROM, strength, and function. Other factors may alter the guidelines; therefore, follow physician’s modifications as prescribed.

POST – OPERATIVE PHASE I (0-10 DAYS)

****MAXIMUM PROTECTION PHASE****

GOALS:

- Protect surgical repair
- Decrease pain/ inflammation

TREATMENT RECOMMENDATIONS:

- Splint Immobilization in 90 degrees of flexion and wrist/forearm pronation
- Cryotherapy
- Splint care

PRECAUTIONS:

- Maintain splint and sling immobilization (Sling as directed by MD)

Emphasize:

- PROTECTING SURGICAL REPAIR
- PAIN CONTROL
- Patient compliance with splint/sling immobilization

Patient Name: _____

Physician’s Signature: _____ M.D. Date: ___ / ___ / _____



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POST – OPERATIVE PHASE II (10 DAYS to 6 WEEKS)

****MODERATE PROTECTION PHASE****

GOALS:

- Protect surgical repair
- Decrease pain/ inflammation
- Improve passive Range of Motion

TREATMENT RECOMMENDATIONS:

- Hinged Elbow brace at 30-90 degrees
- AAROM exercises, joint mobilization by PT
- Hand/Wrist/Shoulder ROM

PRECAUTIONS:

- Avoid pain with ROM/ therapeutic exercise

Emphasize:

- PROTECTING SURGICAL REPAIR

POST – OPERATIVE PHASE III (6 WEEKS- 3 MONTHS)

****EARLY STRENGTHENING PHASE****

GOALS:

- Eliminate/ minimize pain and inflammation
- Restore full PROM
- Gradual return to light ADLs
- Improve strength/ flexibility

TREATMENT RECOMMENDATIONS:

- Hinged Elbow brace with full ROM
- AAROM exercises, joint mobilization by PT
- Hand/Wrist/Shoulder ROM

PRECAUTIONS:

- Monitor activity level (patient to avoid jerking movements and lifting heavy objects)
- Avoid pain with ROM/ therapeutic exercise

Patient Name: _____

Physician's Signature: _____ M.D. Date: ___ / ___ / _____



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POST – OPERATIVE PHASE IV (>3 MONTHS)

LATE STRENGTHENING PHASE

GOALS:

- Eliminate/ minimize pain and inflammation
- Restore full AROM out of brace
- Return to ADLs
- Improve strength/ flexibility

TREATMENT RECOMMENDATIONS:

- Elbow Strengthening
- Sports Specific Rehab
- AAROM exercises, joint mobilization by PT
- Hand/Wrist/Shoulder ROM

PRECAUTIONS:

- Monitor activity level (patient to avoid jerking movements and lifting heavy objects)
- Avoid pain with ROM/ therapeutic exercise

Patient Name: _____

Physician's Signature: _____ M.D. Date: ___ / ___ / _____