**Ulnar Collateral Ligament Reconstruction**

Patient and Physiotherapist information

**Procedure details:** The reconstruction of a major stabilising ligament of the elbow, through an incision over the medial elbow and release of the ulnar nerve.

**Goals of treatment:** The aim of the operation is to achieve elbow stability throughout a full range of motion and prevent ulnar nerve irritation and stretch. To allow the return to physical activity, bowling, pitching and sporting demands without pain and progression to arthritis.

**Rehabilitation phases:**

This can be used with Dr Drynan’s Shoulder rehabilitation document and videos, accessed via [www.drdaviddrynan.com.au](http://www.drdaviddrynan.com.au) or Youtube – Dr Drynan Orthopaedics or Link: <https://www.youtube.com/channel/UCbig6cNvW11u42tIYHvGl7w>

**Phase**

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| **Phase** | **Time (days)** | **Restrictions** | **Exercises** |
| 1 | 0-10 | In brace at 75 degrees  sling | Hand, wrist and shoulder ROM |
| 2 | 10-28 | ROM in brace 30 deg to full flexion in brace | Active and active assisted ROM 30-full flexion  Ulnar nerve glides |
| 3 | 28 days-4 months | No brace  No chest flies, resisted valgus forces, pitching or bowling | Full ROM, PROM, AROM, AAROM  Begin muscle strengthening  Wrist strengthening and forearm pronator strengthening. |
| 4 | 4 months onward | Slowly return to flies and resisted valgus forces | Return to sport program  Pronator and secondary stabiliser strengthening  Pitching 30 m, throwing/cricketers 40 m throwing  Allowing for no pain, stiffness or fatigue with throwing – can increase distance weekly |