



TWIN CITIES ORTHOPEDICS

Excellence in Research and Education

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NONSURGICAL TREATMENT OF ULNAR COLLATERAL LIGAMENT SPRAIN

Phase 1: Immediate Motion Phase

Goals

- Increase ROM.
- Promote healing of UCL.
- Retard muscular atrophy.
- Decrease pain and inflammation.

Range of Motion

- Brace (optional) nonpainful ROM (20-90 degrees).
- Active-assisted ROM, passive ROM elbow and wrist (nonpainful range).

Exercises

- Isometrics-wrist and elbow musculature.
- Shoulder strengthening (no external rotation strengthening).

Ice and Compression

Phase 2: Intermediate Phase

Goals

- Increase ROM.
- Improve strength and endurance.
- Decrease pain and inflammation.
- Promote stability.

Range of Motion

- Gradually increase motion 0-135 degrees (increase 10 degrees/wk).

Exercises

- Initiate isotonic exercises
- Wrist curls.
- Wrist extension.
- Pronation-supination.
- Biceps-triceps
- Dumbbells: external rotation, deltoid, supraspinatus, rhomboids, internal rotation.

Ice and Compression

Phase 3: Advanced Phase

Criteria for Progression to Phase 2:

- Full ROM.
- No pain or tenderness.
- No increase in laxity.
- Strength 4/5 of elbow flexors-extensors.

Goals

- Improve strength, power, and endurance.
- Improve neuromuscular control.

Exercises

- Initiate exercise tubing, should program
- "Thrower's Ten" Program.
- Biceps-triceps program.
- Supination-pronation.
- Wrist extension-flexion.

Phase 4: Return to Activity Phase

Criteria for Progression to Return to Throwing

- Full, nonpainful ROM.
- No increase in laxity.
- Isokinetic test fulfills criteria.
- Satisfactory clinical examination.

Exercises

- Initiate interval throwing.
- Continue "Thrower's Ten" program.
- Continue plyometrics.

This protocol provides you with general guidelines for the rehabilitation of the patient undergoing nonsurgical treatment of ulnar collateral ligament insufficiency and/or sprain.

Specific changes in the program will be made by the physician as appropriate for the individual patient.

Questions regarding the progress of any specific patient are encouraged, and should be directed to Dr. Lervick or Andy at **952-456-7111**.