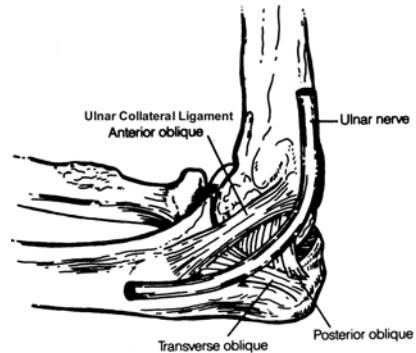


## PREOPERATIVE INSTRUCTIONS FOR ULNAR COLLATERAL LIGAMENT RECONSTRUCTION

The ulnar collateral ligament (UCL) is a ligament on the medial, or inside, aspect of your elbow. This ligament is usually stressed during the arm-cocking and acceleration phases of overhead sports such as baseball and other sports, although can also be damaged in a traumatic fashion such as during a fall or a traumatic elbow dislocation.

The surgical procedure involves reconstructing the ligament with a graft of your tissue, typically the palmaris longus tendon or gracilis tendon, which are muscles in your forearm and leg, respectively. These grafts are inserted into bony tunnels that are made along your medial elbow. Also during this procedure, an ulnar nerve transplantation is performed, which involves moving your ulnar nerve to relieve any tension.



### Immediate Post-Operative Instructions

- Immediately following surgery, you will have a postoperative dressing applied to your elbow with a splint that restricts your motions. The dressing should remain on your arm for \_\_\_\_\_ days.
- After \_\_\_\_\_ days, you will remove the splint and begin wearing your postoperative brace. Your therapist will set the brace to allow motion from 30°-100° initially. Motion will gradually be progressed by your therapist or athletic trainer until full motion is achieved and the brace is removed at \_\_\_\_\_ weeks after surgery.
- Keep your incisions clean and dry until specified by your physician. The incisions must be covered while bathing or showering but may be cleaned with rubbing alcohol or peroxide until the incision is healed. Your sutures will be removed at approximately \_\_\_\_\_ days following surgery.
- Ice should be applied frequently throughout the day to control swelling and pain. Ice can be used for 15-20 minutes per hour and should be used throughout the day. It is helpful to also elevate your arm during the day while icing to assist in swelling reduction.
- Compression through the use of your postoperative dressing during the first week and then a compression wrap should be used to reduce swelling.
- Hand and finger range of motion are important. Gripping or making a fist is encouraged during the day to promote circulation and prevent stiffness.

### Postoperative Precautions

During the initial period following surgery it is imperative that you protect the healing of the surgery. The following are several precautions to follow:

- Do not remove your splint or dressing until specified by your physician
- Do not perform excessive elbow flexion or extension motion beyond your tolerance.
- Do not perform excessive shoulder external rotation motion, this involved avoiding turning your arm out to look at your incision
- Do not perform shoulder external rotation exercises
- **Do follow the instructions set forth in your protocol**

## Exercise Program \*To be performed 3 times daily.

### Grip:

Grip apparatus, putty, small rubber ball, etc. Use as continuously as possible all day long. (Not shown)

### Stretch Flexors:

Straighten elbow completely. With palm facing up, grasp the middle of the hand and thumb. Pull wrist down as far as possible. Hold for 10 counts. Release and repeat 5-10 times before and after each exercise session.



### Stretch Extensors:

Straighten elbow completely. With palm facing down, grasp the back of the hand and pull wrist down as far as possible. Hold for a 10 count. Release and repeat 5-10 times, before and after each exercise session.



**PASSIVE KNEE FLEXION:** Sit in a chair and place the heel of the uninjured leg on the shin of the injured leg. Bend the knee by pushing the injured leg back as far as possible. Hold for \_\_\_\_ seconds and relax. Perform \_\_\_\_ sets of \_\_\_\_ repetitions.



**PASSIVE KNEE EXTENSION IN SUPINE OR SITTING:** Place a firm object like a book or folded cuff weight under the heel of the injured leg and allow the leg to straighten with the assistance of gravity. Gentle overpressure from your hands or with a weight over the thigh can be used to increase the stretch. Place \_\_\_\_ lbs. to the thigh. Hold for \_\_\_\_ seconds. Relax. Perform \_\_\_\_ sets of \_\_\_\_ repetitions.



## Strengthening Exercises

### Isometrics



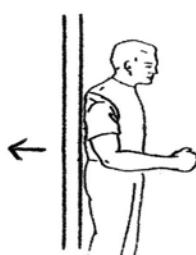
- 1. Flexion**  
Standing in doorway facing out the doorway, place involved arm in front of you, place hand on door frame and push as if to raise arm overhead. Hold submaximal force for 8 seconds and repeat.

- 4. Internal Rotation**  
Standing against a wall or in a doorway with arm at side and elbow bent at 90°, press front of hand into surface. Hold a submaximal force for 8 seconds and repeat.



- 2. Abduction**  
Standing against a wall or in a doorway with involved arm at side, press back of forearm into surface. Keep arm at side with elbow bent. Hold a submaximal force for 8 seconds and repeat.

- 5. Elbow Flexion**  
Use uninjured arm to hold involved elbow at angles of 45, 90 and 135°. Flex elbow into uninjured hand keeping elbow still. Hold a submaximal force for 8 seconds and repeat. Perform \_\_\_\_ repetitions at each angle. Perform \_\_\_\_ sets of \_\_\_\_ repetitions: \_\_\_\_ daily, \_\_\_\_ weekly.



- 3. Extension**  
Standing in doorway, and in front of door frame, place involved arm behind you slightly, push backward into door frame. Hold submaximal force for 8 seconds and repeat.