UCL RECONSTRUCTION REHABILITATION PROTOCOL

PHASE I (0–2 Weeks)
RANGE OF MOTION
None.

IMMOBILIZER
Sling and postop posterior splint or hinged elbow brace.
Worn at all times, except for hygiene and exercises.

EXERCISES
Gentle wrist and shoulder ROM, grip strengthening.
Okay to use phone, desk work, etc.
Lower body, core, and cardio (no running) okay if arm remains in brace/splint and not used.
Avoid valgus stress until 8 weeks.

PHASE II (2–4 Weeks)
RANGE OF MOTION
PROM full flexion to 15° extension.

IMMOBILIZER
Brace unlocked at 20° to full flexion.
Worn at all times except for hygiene and exercises.

EXERCISES
Gradual progression of passive and active-assisted ROM, gentle joint mobilizations, closed-chain scapular program, deltoid and cuff isotonics.
Start total body conditioning and aerobic training.
Avoid valgus stress until 8 weeks.

PHASE III (4–16 Weeks)
RANGE OF MOTION
Advance to AAROM and AROM as tolerated at elbow and shoulder.

IMMOBILIZER
Discontinue brace at 4 weeks.

EXERCISES
Advance wrist, forearm, elbow, and shoulder strengthening.
Avoid valgus stress until 8 weeks.
Begin weight lifting after 12 weeks—including trunk, core, and lower body.

PHASE IV (4–9 Months)
RANGE OF MOTION
Full and pain-free AROM.

IMMOBILIZER
None.

EXERCISES
Begin interval throwing program (ITP) progressing from 45 ft to 180 ft.
(Pitchers do not throw beyond 120 ft; infielders not beyond 150 ft.)
Progress to the next level when:

- No pain or stiffness during or after throwing
- Strength maintained through final set
- Motion effortless and fundamentally sound
- Accuracy consistent and throws on line

PHASE V (9+ Months)
RANGE OF MOTION
Full and pain-free.

IMMOBILIZER
None.

EXERCISES
Return to competition when:

- Trunk, scapula, shoulder, and arm strength and balance are normal
- No pain while throwing
- Throwing balance, rhythm, and coordination are reestablished

For pitchers: mound program begins after completion of the 120-ft level. Catcher is initially moved forward, but throwing with pitching motion is reserved for the mound. No flat-ground pitching is allowed.

THROWING PROGRESSION

5 Months Post-Op:
• Soft toss 30–40 feet, no windup
• 10–25 minutes per session, 3 days per week
• Ice after throwing

6 Months Post-Op:
• Continue soft toss, increase distance to 60 feet, no windup
• 15 minutes per session, 3 days per week
• Begin isokinetic rotator cuff strengthening as tolerated
• Add easy windup (limit distance to 60 feet, 50% effort, 15 minutes per session)
• Ice after throwing

7 Months Post-Op:
• Throw with 50% effort, 60–90 feet
• 20–30 minutes, 3 days per week

8 Months Post-Op:
• If cleared by physician, advance to 70% effort throwing for 30 minutes, 3 days per week

9–12 Months Post-Op:
• 9 months: Advance throwing effort to 80% from mound, 30-minute sessions
• 10 months: Increase to 90–100% effort
• Focus on proper pitching mechanics
• No competitive pitching until full progression is tolerated and minimum 11 months post-surgery