# UCL Reconstruction and Repair; Docking Technique



Dr. Campbe

# Postoperative Phase 1 (Weeks 1-4)

#### **GOALS**

- Promote healing: reduce pain, inflammation and swelling
- Begin to restore range of motion to 30°-90°
- Independent home exercise program

# **PRECAUTIONS**

- Brace should be worn at all times
- No passive range of motion of the elbow

# TREATMENT STRATEGIES

- Brace set at 30° to 90° of flexion
- Elbow AROM in brace
- Wrist AROM
- Scapula isometrics
- Gripping exercises
- Cryotherapy
- HEP

# **CRITERIA FOR ADVANCEMENT**

- Elbow ROM: 30°-90°
- Minimal pain or swelling

# Postoperative Phase 2 (Weeks 4-6)

## **GOALS**

- ROM: 15°-115°
- Minimal pain and swelling

# **PRECAUTIONS**

- Continue to wear brace at all times
- Avoid PROM
- Avoid valgus stress

# TREATMENT STRATEGIES

- Continue AROM in brace
- Begin pain-free isometrics in brace (deltoid, wrist flexion/extension, elbow flexion/extension)
- Scapula stabilization exercises with brace on and no resistance below elbow; manually assist with scapular stabilization as required
- Modalities as needed
- Modify HEP

# **CRITERIA FOR ADVANCEMENT**

- ROM: 15°-115°
- Minimal pain and swelling

# Postoperative Phase 3 (Weeks 6-12)

### **GOALS**

- Restore full ROM
- All upper extremity strength: 5/5
- Begin to restore upper extremity endurance

# **PRECAUTIONS**

- Minimize valgus stress
- Avoid PROM by the clinician
- Avoid pain with the rapeutic exercise

# TREATMENT STRATEGIES

• Continue AROM

- Low-intensity/long-duration stretch for extension
- Isotonics for scapula, shoulder, elbow, forearm, wrist
- Begin IR/ER strengthening at 8 weeks
- Begin forearm pronation/supination strengthening at 8 weeks
- UBE (if adequate range of motion)
- Neuromuscular drills
- PNF patterns when strength is adequate
- Incorporate eccentric training when strength is adequate
- · Modalities as needed
- Modify HEP

## **CRITERIA FOR ADVANCEMENT**

- Pain-free
- Full elbow ROM
- All upper extremity strength 5/5

# Postoperative Phase 4 (Weeks 12-16)

#### **GOALS**

- · Restore full strength and flexibility
- Restore normal neuromuscular function
- Prepare for return to activity

## **PRECAUTIONS**

• Pain-free plyometrics

# TREATMENT STRATEGIES

- Advance IR/ER to 90/90 position
- Full upper extremity flexibility program
- Neuromuscular drills
- Plyometric program
- Continue endurance training
- Address trunk and lower extremities
- Modify HEP

# **CRITERIA FOR ADVANCEMENT**

- Complete plyometrics program without symptoms
- Normal upper extremity flexibility

# Postoperative Phase 5 (Months 4-9)

### **GOALS**

- Return to activity
- Prevent re-injury

#### **PRECAUTIONS**

- Significant pain with throwing or hitting
- Avoid loss of strength or flexibility

## TREATMENT STRATEGIES

- Begin interval throwing program at 4 months
- Begin hitting program at 5 months
- Continue flexibility exercises
- Continue strengthening program (incorporate training principles)

# CRITERIA FOR ADVANCEMENT

- Pain-free
- Independent HEP
- Independent throwing/hitting program