

Elbow MCL Reconstruction Rehabilitation Framework – 1998

Phase 1 – Weeks 0-6 Post-Op	
1	Splint for 1 week to control swelling
2	Compression tubigrip for swelling control following splint removal
3	Pain medication, NSAIDS
4	Brace (Hinged elbow with F/E stops) for next 5 weeks, WORN AT ALL TIMES EXCEPT BATHING (bathe with shower bag, then sponge arm)
5	ROM: 45-90 for 3 weeks, 15-105 weeks 3-6
6	Active supination with forearm portion of brace loosened, elbow flexed 45-90 degrees ok.
7	NO pronation activity (opens joint medially)
8	Begin GENTLE grip strengthening in brace (sponge, soft rubber ball, soft putty)
9	Encourage wrist flexion/extension in brace to decrease tightness from palmaris harvest site (forearm in neutral or supination)
10	No lifting more than 5 lbs. (eating, dressing only)
11	No driving or other “unconscious” activity that might place excessive valgus or pronation force across elbow
12	Shoulder ROM, stretch, ER/abduction/biceps/triceps isometrics (NO INTERNAL ROTATION EXERCISE (Places valgus force on elbow))

Phase 2 – Weeks 6-7 Post-Op	
1	Out of brace
2	Begin AROM and PROM to restore full motion (F/E, P/S) via gentle stretch, etc.
3	RC strengthening, avoid IR stress until 8 weeks post op
4	Forearm strengthening begins
5	Cardiovascular exercise as tolerated

Phase 3 – Weeks 8-16 Post-Op	
1	Begin forearm resistance exercise, first in elbow flexion, then advance as strength increases
2	Advance cuff and scapular stabilizer strengthening
3	Advance cardiovascular program

Phase 4 – Weeks 16+	
1	Review throwing mechanics
2	Begin throwing program (defined elsewhere)
3	Aggressive strengthening cuff/scapula