



UCL Reconstruction

Discharge Instructions-

Comfort

- Discomfort increases 1-2 days after surgery due to the nerve block wearing off (if a nerve block was performed). This can be helped by oral pain medication. It is safe and normal.
- **Cold therapy** – This will greatly reduce pain and will help with swelling for the first 3-5 days after surgery, as well as following PT sessions
 - Some patients may be provided an ice machine to go home with
 - This is dependent on the type of surgery you had and insurance approval
 - If you were not provided with an ice machine, regular ice pack/ bag of ice can be used
 - You may use ice 20 minutes on, 20 minutes off, as often as you wish
 - Always keep a cloth barrier, such as a towel, between the cold and your skin

Medications

Your post op medications were sent to the pharmacy we have on file prior to surgery

- Please reach out to our office if you need a refill of your medication, preferably, 24 hours prior to your last dose to allow time to fill

1. Aspirin 81 mg: For anticoagulation to help prevent blood clots

- If you are >19yo, you must take one 81mg aspirin once a day for two weeks Do not take aspirin if you are <19yo

2. Meloxicam 15 mg: For antiinflammation to help pain and swelling

- Take once a day for four weeks as tolerated for post-op inflammation

3. Zofran (Ondansetron) 4 mg: For nausea – It is common to experience nausea from anesthesia and/ or pain medication in the first few days post op

- You can take 1 tablet every 8 hours as needed for nausea

It is a dissolving tablet that is to be placed on your tongue – allow it to dissolve, and swallow

4. Norco (Hydrocodone/Acetaminophen) 5-325 mg: For pain – This is a narcotic medication for pain, to be taken AS NEEDED

- Take 1-2 tablets every 4-6 hours as needed
- After 1-3 days, you can begin to space out the dosing/ discontinue the medication, transitioning to a step-down regimen of Tylenol and ibuprofen as soon as pain allows
- Common side effects such constipation, nausea, and cognitive impairment may occur
- It is very common to use the pain medication only at night to help sleep better or around the time of therapy so you can participate more comfortably

Other medications: For constipation – over the counter remedies such as Colace (Docusate Sodium) or Miralax as needed

- Both the anesthesia and the pain medication can cause constipation

Activity

*** You will start PT at 2-3 weeks post op***

- Please keep the elbow immobilized in brace/splint until we remove it at your first post op visit
 - We will transition you to a hinged elbow brace at first post-op



- Wear the splint and sling while sleeping. You may find sleeping in a recliner to be more comfortable for the first month.
- Periodic standing and walking is encouraged to decrease the risk of blood clots.
 - If seated, perform ankle pumps and circles to promote lower extremity blood flow.
- Driving – At a minimum, no driving until you have stopped taking the narcotic.
 - Please bear in mind we want you to be safe and comfortable when you return to driving - this is a sliding scale depending on your progress and we will evaluate at your post op visits

Wound Care

*****Please do not remove your splint/cast or dressings, they should remain on 24/7 until your post op visit, we will remove it*****

- Leave your cast/ splint on 24/7. You have an incision underneath, we will check it at your first post op visit
 - Do not get the cast/splint wet—this means leaving the leg out for showering, or covering the entire splint with a bag/ plastic wrap/ etc
- If it feels too tight, call our office and we can see you earlier than your first post-op visit. We may have to split the cast.
- Do not worry about incision care or looking at the incision, we DO NOT want you removing the dressings
 - We will evaluate the incision at your first post op visit

Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery to avoid any nausea/ upset stomach

When to call your physician

*****If you require immediate attention, or feel that you are having a medical emergency please go to the emergency department for urgent work up*****

- You develop a temperature over 100.3° F degrees
- You have any drainage at the incision site 5 days or later after surgery
- The surgical area becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note- some warmth, pain, and swelling are normal)
- You have persistent pain and / or swelling in your calf.
- You have any additional questions or concerns. We are happy to talk to you at any time!
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Important contact information

Physician's office phone # (630)-377-1188 [Press 2 to leave a voicemail]

Please note- We are either in clinic or surgery and not answering calls in real time – Please leave a detailed message with our clinical voicemail line and we will return all voicemails within one business day. Additionally, the call center can connect you to the PA on call, however, please reserve this option for urgent inquiries only

Oak Brook- 2425 W. 22nd St. Suite 207A Oak Brook, IL 60523 P: (630) 377-1188 F: (630) 377-7360

Little Village- 2859 S. Pulaski Rd. Chicago, IL 60623 P:(630) 377-1188 F: (630) 377-7360

St. Charles- 2900 Foxfield Rd. Suite 102 St. Charles, IL 60179 P: (630) 377-1188 F: (630) 377-7360

Physical Therapy protocol

Start PT at 2-3 weeks post op



PHASE I: Week 0-4

Immobilization: Post mold and sling until first post-op, then transition to hinged elbow brace (locked from 15 degrees extension to full flexion)

ROM: Limit from full flexion to 15 degrees extension

Exercises

- Grip strength in brace
- PROM from full flexion to 15 degrees extension

PHASE II: Weeks 4 to Month 4

Immobilization: d/c brace at 4w

ROM: Progress from PROM to full AROM and AROM

Exercises

- Strengthening for wrist, forearm, elbow, shoulder
 - No aggressive weightlifting until 12 weeks post-op
 - No chest flies or lifts stressing the ligament
 - Avoid valgus stress on elbow until 2 months post-op
- Total body conditioning/aerobic training ok

PHASE III: Month 4

Exercises:

- Interval throwing program progressing from 45 ft up to 18 ft
 - Pitchers limited to 120 ft, infielders limited to 160 ft
- May progress from one distance level to the next when the following are met:
 - No pain/stiffness while throwing or after throwing
 - Sufficient strength throughout final set with minimal fatigue
 - Throwing motion effortless and fundamentally sound
 - Accuracy consistent and throws are on line
- Mound program begins at completion of 120ft level for pitchers
 - Cather is initially moved forward, but throwing with pitching motion reserved for the mound
 - No flat ground pitching

Throwing program:

- Starting at 4 months, if there is no swelling and full pain free elbow ROM, may begin easy tossing (no wind-up), starting with 25-30 throws and building up to 70 and gradually increasing throwing distance as below.
- Throwing program begins 3-4 times/week, ice after each throwing session.

# of throws	Distance
20	20 (warm-up phase)
25-40	30-40
10	20 (cool down phase)

- 4-5 months, continue throwing program by tossing the ball with an easy wind-up on alternate days

# of throws	Distance
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10	20 (warm-up phase)
10	30-40
30-40	50
10	20-30 (cool down)

- 5-6 months, continue increasing throwing distance to a max of 60 feet
 - Continue tossing the ball with an occasional throw at no more than half speed

# of throws	Distance
10	30 (warm up)
10	40-45
30-40	60-70
10	30 (cool down)

- 6-7 months, gradually increase distance to 150 ft max
 - Phase I

# of throws	Distance
10	40 (warm up)
10	50-60
15-20	70-80
10	50-60
10	40 (cool down)

- Phase II

# of throws	Distance
10	40 (warm up)
10	50-60
20-30	80-90
20	50-60
10	40 (cool down)

- Phase III

# of throws	Distance
10	40 (warm up)
10	60
15-20	100-110
20	60
10	40 (cool down)

- Phase IV

# of throws	Distance
10	40 (warm up)
10	60



15-20	120-150
20	60
10	40 (cool down)

- 7-8 months, progress to throwing off the mound at ½ to ¾ speed. Focus on proper body mechanics, especially when throwing off the mound (stay on top of the ball, keep elbow up, throw over the top, follow through with arm and trunk)
 - Phase I

# of throws	Distance
10	60 (warm up)
10	120-150 (lobbing)
30	45 (off the mound)
10	60 (off the mound)
10	40 (cool down)

- Phase II

# of throws	Distance
10	50 (warm up)
10	120-150 (lobbing)
20	45 (off the mound)
20	60 (off the mound)
10	40 (cool down)

- Phase III

# of throws	Distance
10	50 (warm up)
10	60
10	120-150 (lobbing)
10	45 (off the mound)
30	60 (off the mound)
10	40 (cool down)

PHASE IV: Months 9-12

Exercises:

- Forward running program without pivoting/twisting when 8" step down is satisfactory
- Advance sport-specific agility drills
- Start plyometric program

Throwing program

- At 9-10 months, if pitcher has successfully completed above phases without pain or discomfort and is throwing approx ¾ speed, pitching coach and trainer may allow pitcher to proceed to next step of "up/down bullpens" which is used to simulate a game situation. Pitcher rests in between a series of pitches to reproduce rest period between innings.



- Up/down bullpens (1/2 - 3/4 speed)
 - Day 1

# of throws	Distance
10 warm up	120-150 (lobbing)
10 warm up	60 (off the mound)
40 pitches	60 (off the mound)
REST 10 MIN	REST 10 MIN
20 pitches	60 (off the mound)

- Day 2: OFF

- Day 3

# of throws	Distance
10 warm up	120-150 (lobbing)
10 warm up	60 (off the mound)
30 pitches	60 (off the mound)
REST 10 MIN	REST 10 MIN
10 warm up	60 (off the mound)
20 pitches	60 (off the mound)
REST 10 MIN	REST 10 MIN
10 warm up	60 (off the mound)
20 pitches	60 (off the mound)

- Day 4: OFF

- Day 5

# of throws	Distance
10 warm up	120-150 (lobbing)
10 warm up	60 (off the mound)
30 pitches	60 (off the mound)
REST 8 MIN	REST 8 MIN
20 pitches	60 (off the mound)
REST 8 MIN	REST 8 MIN
20 pitches	60 (off the mound)
REST 8 MIN	REST 8 MIN
20 pitches	60 (off the mound)

- At 10-12 months, if pitcher has successfully completed the above throwing program, he is ready to begin a normal routine from throwing, batting practice, to pitching in the bullpen.