

Dr. Robert Wysocki

Elbow Lateral Collateral Ligament Repair or Reconstruction

2-3 weeks: The postoperative dressing and sutures are removed. Consider scar treatment, stockinettes to forearm/arm for swelling.

Splint: A posterior long arm splint with elbow in 90 degrees flexion, forearm neutral, wrist neutral is fabricated

Motion: Active elbow flexion/extension in full forearm pronation is begun with the patient upright with the arm adducted by the side at all times out of the brace (no gravity varus stress). A degree of extension block may be incorporated as specified on a case-by-case basis. Active forearm supination/pronation is begun, but only with the patient lying supine and the shoulder forward flexed 90 degrees. If the therapist believes AROM is progressing slower than planned and wishes to proceed early with PROM, please contact physician.

4 weeks:

Splint: Continued as above full time except during exercises

Motion: Can initiated passive elbow flexion/extension and forearm pro/sup, still supine for forearm rotation

6 weeks:

Splint: weaned over 2 weeks.

Motion: continue as above, but may now do forearm rotation upright

8-10 weeks:

Add gentle progressive strengthening of elbow and forearm. Consider dynamic splinting if motion limited

Consider work conditioning for laborers. Gradual return to full activity, sports by 14 weeks