Guidelines: Post-Operative Elbow Lateral Collateral Ligament Reconstruction (with autograft or synthetic graft)

Dr Tanya Mackenzie PhD

Specialist Upper Limb Physiotherapist, Manchester Shoulder Clinic

**Maximum Protection** (0 to 14 Days)

Control swelling in wrist & hand

Immobilization in sling for 6 weeks

Wound care

AROM wrist & fingers

AAROM & AROM elbow flex & ext with patient lying supine, shoulder flexed to 90 degrees

AROM Pro/supination with elbow in 90 flexion

**Do not force supination**

**Progressive ROM & introduction to light isometrics** (2 to 6 Weeks)

Finger & Wrist isometrics

Increase AAROM & AROM elbow flexion & extension as tolerated

Short lever scapular & kinetic chain rehab

Light proprioceptive exercises

(Week 4)isometric elbow flexion & extension (Isometric anconeus)

Maintain shoulder AROM with flexed elbow

**Do not force supination - Active supination done in 90° elbow flexion**

**CKC work to be feather weight bearing in full pronation**

**No forced movements - active motions done as tolerated**

**Avoid full elbow extension combined with supinated forearm**

**Progressive ROM & introduction to strength program** (6 weeks)

Full kinetic chain rehab with UL short lever initially progressing to long lever

Assess shoulder biomechanics & address

Isotonic strengthening program elbow & shoulder & forearm

CKC gradually increasing weight bearing

**Avoid varus elbow load (long lever in abduction)**

**Progressive strengthening & return to function** (Week 8)

Maintain full elbow ROM

Introduce light activity/sport specific activities

Initiate eccentric elbow activity

Introduce diagonal PNF patterns

Introduce plyometrics

Continue to strengthening elbow & shoulder

**Time scales**

Full AROM – 6 weeks

Begin a general strengthening program in the gym with slow, light loads– 16 weeks

Return to work guidelines:

❏ Light sedentary: 6 weeks.

❏ Heavy Manual: 12 weeks.

Sport: depends on the sport your consultant & physio will advise

May return to unrestricted activity at one year