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## **Elbow Lateral Collateral Ligament (LCL) Protocol**

### **10-14 Days:**

**Splint:** The postop dressing and sutures are removed and a posterior mold long arm splint with forearm in neutral to include the wrist is worn full time (including sleep) for 6 weeks.

**Motion:** The patient is instructed to come out of splint 3 times per day progressing to every hour for 5-10 minutes of motion exercises as below per physician discretion:

- **Sitting Protocol: All elbow motion performed with arm at side (adducted)**
  - Active, active assist elbow flexion and extension with contralateral hand supporting wrist. Flexion and extension performed with forearm in neutral rotation only. Gentle passive flexion and extension of elbow.
  - Active, active assist and gentle passive forearm rotation (supination and pronation) **performed only with elbow in maximally flexed position** (to protect ligaments).
- **Supine Protocol: All elbow and forearm motion is performed in supine (lying down) position with elbow pointing at ceiling (humerus perpendicular to floor) and forearm in neutral rotation (palm facing ear).**
  - Active and active assist elbow flexion and extension against gravity with contralateral hand supporting the wrist. Very gentle passive extension and flexion.
  - Active, active assist, and very gentle passive forearm rotation **performed only with the elbow maximally flexed position** (to protect ligaments)
- If started in the Supine Protocol, this will take place for 3 weeks and then transition to the Sitting Protocol.
- No loading or strengthening until 6 weeks minimum
- Edema control (sleeve).
- Therapy 3x/week for 6 weeks.