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## **Tommy John (Elbow Ulnar Collateral Ligament Reconstruction) Protocol**

### **POD 7-10:**

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

Motion: The patient is instructed to come out of splint every hour for range of motion (elbow flexion and extension, forearm pronation and supination)

### **6-10 Weeks:**

- Discontinue splint. Initiate gentle isometrics and light shoulder dumbbells

### **10 Weeks:**

- Total body conditioning – cardiovascular. May increase to 1-2 lb weights.

### **12-20 Weeks:**

- Light medicine ball underhand toss – watched closely by athletic trainer, light bench press increasing to moderate weight (20-50 lbs max)

### **20 Weeks:**

- Light toss on flat ground at 45 feet every other day for about 15 minutes, may slowly increase to 60 feet-6 inches by 6 month mark. \*Pitching coach should monitor mechanics
- Can start hitting batting practice

### **7-8 Months:**

- Begin to throw off mound at 50% effort and speed. NO special pitches. Gradually increase intensity. Watch for arm tightness. May initiate lower extremity weight training including squats/lunges with weight.

### **8-10 Months:**

- Game conditions \*\*\*



**11-12 Months:**

- Starting rotation if pain free

**From:**

1. Advance for Directors in Rehab, September 2004
2. Techniques in Shoulder and Elbow Surgery, 1(2):73-81, 2000. Management of MCL Injuries of the Elbow in Throwers.
3. Journal of Shoulder and Elbow Surgery. 10(2):152-7, 2001. Ulnar collateral ligament reconstruction in athletes: Muscle-splitting approach without transposition of the ulnar nerve.