**Physical/Occupational Therapy Prescription**

Name: _____ Date of Birth: _____

Diagnosis: Ulnar collateral ligament insufficiency Code: S53.39

Procedure: Ulnar collateral ligament repair/reconstruction hybrid Surgery Date: _____

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**Instructions:**

Phase One (1-4 weeks):

- Splint immobilization until two weeks post-operatively.
- Hinged elbow brace unlocked until 6 weeks post-operatively.
- Work to regain full range of motion by 4 weeks post-operatively.
- Protect the still healing ulnar ligament by avoiding elbow valgus torque activities.
- Emphasize maintenance of flexibility and strength of fingers, shoulder, scapula, core, and legs.

Phase Two (4-8 weeks):

- Being isotonic strengthening at the elbow.
- Stretching and strengthening of the periscapular stabilizers, rotator cuff, deltoid, legs, and core.
- Initiate the Thrower's Ten Exercise program.
- Perform all exercises in the brace until week 6.

Phase Three (8-14 weeks):

- Continue to progress stretching and flexibility.
- Progress to Advanced Thrower's Ten, advance weights/bands.
- Begin isotonic lifting: bench press, seated row, lat pull-downs, triceps, and biceps.
- Begin plyometrics (specifically bouncing a medicine ball into a trampoline), progressing from 2-handed (12-13 weeks) to 1-handed (13-14 weeks).

Phase Four (>14 weeks):

- Initiate progressive interval throwing program. Initiate progressive interval hitting program.
- Continue strengthening and stretching and Advanced Thrower's Ten program.
- Return to throwing 3.5-6 months; return to competition 8-10 months.
- Criteria for return to competitive throwing: completion of interval throwing program, greater strength in the shoulder on the operative arm than the non-operative arm.

Please emphasize a home exercise program.

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**Modalities**

Heat before therapy, ice after, remaining modalities per therapist

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Frequency: 2 times/week Duration: 6 weeks

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Signature: _____ Date: _____

Peter Chalmers, MD | July, 2026