Phase I – Maximum Protection:

0 to 7 Days:
- Immobilization in posterior splint at 60-90° of elbow flexion
- Elevate, ice and modalities to reduce pain and inflammation
- Finger and hand range of motion: maintain AROM and PROM

Phase II – Progressive Stretching and Active Range of Motion (10 days to 6 weeks):

10 days to 3 weeks:
- Progress elbow A/P ROM as tolerated while protecting valgus stress (sling for comfort, but out of sling for ROM)
  - Brace typically not used … If brace ordered, please use Dr. Myer’s UCL reconstruction protocol for ROM progression
- Increase intensity of wrist and hand strengthening
- Elbow scar management
- Begin rotator cuff & scapular strengthening avoiding valgus stress
- Proprioception drills emphasizing neuromuscular control

Weeks 4-6:
- Goal is to achieve full elbow ROM
- Progress light elbow and wrist strengthening
- Continue above Phase II principles

Phase III – Strengthening Phase (Weeks 6 to 10):

Weeks 6 to 8:
- Restore full elbow range of motion with terminal stretching
- Continue with core / LE strengthening, progressive rotator cuff and scapular strengthening while avoiding valgus stress
- Resisted biceps, wrist, and hand strengthening
- Proprioception and neuromuscular control drills
- Manual resistance and PNF patterns with proximal stabilization

Weeks 8 to 10:
- Continue with end range stretching
- Advance rotator cuff, scapular, wrist and forearm strengthening programs

Phase IV – Advanced Strengthening and Plyometric Drills:

Weeks 10 to 12:
- Continue with end range stretching & advance gym strengthening avoid focal valgus stress
- Initiate closed kinetic chain exercises in protected range
- Initiate plyometric drills: ex- Plyoball wall drill, Two-armed rebounder drills, progressing to one-armed

Interval Throwing Program: Start program after 12 weeks

General full return to sport goal is 6 months