



Dr. Alexandria O. Starks, MD
Shoulder & Elbow Surgery
Coronoid Process/ L UCL Conservative management

Phase I: Early Overhead ROM & Protect (0 to 6 weeks)

• With therapy initiation at 2-3 weeks s/p injury:

- Educate patient early on prevention of varus forces to elbow until 3 months post op to preserve ligament integrity with exercises, arm use in orthosis and during protected hygiene when brace is removed.
- Hinged elbow brace (range of flexion as tolerated to -60 degs extension) is to be worn at all times with forearm resting in a pronated position.
- Grip strengthening and wrist/hand AROM immediately.
- At 4 weeks: Shoulder submaximal isometrics and scapular strengthening/stabilization following precautions.
- Initiate overhead elbow exercise program 5 times per day:
 - Passive and active elbow ROM to full flexion
 - Forearm pronation/supination ROM with elbow at 90 degrees flexion
 - Active elbow extension to allowed extension unless otherwise stated by MD (dependant on level of stability) with forearm pronated. Can be done in hinged brace or template exercise brace blocking terminal extension.
 - Extension progression extension progress as follows both for ROM allowed within hinged EO and during exercise:
 - Week 2: -60 degs
 - Week 3: -45 degs
 - Week 4: -30 degs
 - Week 5: -15 degs
 - Week 6: Full extension AROM allowed, brace dc'd in protected environments but patient to continue to wear outdoors as well as for sleeping.

Phase II: Full ROM and function (6-12 weeks)

- At 6 weeks: DC splint in protected environments only for light functional use. Continue outdoors & for sleeping. Activity modifications to continue to avoid elbow varus stress to healing ligament.
- Progress to full elbow and forearm ROM in all planes in sitting/standing.
 - Terminal elbow extension performed with the forearm neutral or pronated until 3 months.
- Initiate elbow, forearm and wrist strengthening. Can begin with isometrics if needed.
- Continue to avoid activities creating axial load to involved extremity until 3 months s/p injury or when cleared by MD.

Dr. Alexandria Starks
Orthopedic Associates of Lancaster
Phone: 717-299-4871

- At 6 weeks: Can progress shoulder and scapular strengthening/stabilization following precautions.
- At 8 weeks: Static progressive splinting if needed to maximize motion, as cleared by MD.
- Can progress elbow & shoulder strengthening (i.e. resistance bands into IR/ER) if L UCL is intact/stable.

Phase III: Advanced strengthening (12+ weeks)

- At 12 weeks patient can begin activity as tolerated being cautious with excessive varus stress.
- Work hardening as appropriate
- Educate patient that healing process can take up to a year, therefore they are to continue with DC program until maximum gains are met.

Last Edited 10/14/21 by M.L., CHT with MD clearance