

Mr A Rashid: Medial Ligament Reconstruction of the Elbow

These are guidelines only. Each patient is an individual and may have individual variations on the information below. Post operative instructions are documented on the operation note which should be provided with the referral or if not, obtained from the consultant's secretary. These guidelines are for use by a qualified physiotherapist in collaboration with the orthopaedic surgeon undertaking the patient's surgery. The authors take no responsibility for the use of this guideline by staff or individuals other than the above.

Post-op	
Immediate	<ul style="list-style-type: none"> • Observe for signs of infection. • Sling for 6 weeks. • Hand and wrist exercises • Active-assisted progressing to active flexion/extension in full supination. • Overhead elbow extension with shoulder at 90 degrees, hand in supination. • Commence (NWB) CKC exs in full supination. • Pro/Supination with elbow at 90° flexion.
Weeks 2-6	<ul style="list-style-type: none"> • Postural education. • Shoulder girdle exercises/education. • Light proprioceptive exercises. • Light isometric exercises, including anconeus within comfort • Short lever kinetic chain rehab (NWB)
Week 6+	<ul style="list-style-type: none"> • Commence strengthening of the full kinetic chain. • Avoid loading which applies a valgus stress to the elbow e.g. overhead throw.
Week 8 +	<ul style="list-style-type: none"> • Progress strengthening. • Commence plyometrics, starting with slow, low impact loading.

Function	
Full AROM	6 Weeks
Driving	Once ROM and strength restored
Light/Sedentary Work	6 weeks
Heavy/Manual Work	12 weeks
Sport	Dependent of sport

Physiotherapy outpatient appointment recommended within 2 weeks

Agreed with AR 13/09/19