



MUCL REPAIR WITH INTERNAL BRACE



Physical Therapy Prescription

Please fax progress notes to Advanced Orthopedics & Sports Medicine at 720-895-1121

Name: _____

Date of Surgery: _____

Diagnosis: R / L MUCL Repair with Internal brace

Frequency: 2-3 times per week for _____ weeks, Therapy to start as soon as splint removed

PHASE I (weeks 0-4)

Posterior mold splint and sling until first post-op visit (day 5-14)

Splint removed and use hinged elbow brace for weeks 2-4

****Start right away with Core, Hip, Periscapular strengthening****

PROM into AAROM and AROM at elbow and shoulder as tolerated

Progress elbow ROM 30 degrees every week

Initiate Thrower's Ten exercise program by week 3

Scapular and light isotonic strengthening

No lifting

Desensitization and scar massage as soon as sutures are removed

PHASE II (weeks 5-8)

Progress ROM to FULL, goal is full ROM by weeks 4-6

Progress to Advanced Thrower's Ten program

Progress elbow and wrist strengthening exercises once motion achieved

Start plyometric program for Core, Hip, Legs

PHASE III (weeks 9+)

8-10 Weeks:

Progress to one-hand plyometrics and prone planks by week 8

Plyometrics program (1 and 2 hand) and side planks by week 9

Seated machine bench press and interval hitting program by week 10

Continue Advanced Thrower's Ten program

11-16 Weeks:

Initiate Interval Throwing program week 11-12

Long Toss program – Phase I

Continue prior exercises

16-20 Weeks:

Initiate Interval Throwing program – Phase 2

Initiate mound throwing when ready and completed ITP – Phase I

Signature: _____

Date:

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