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Name: Diagnosis: R / L Elbow UCL sprain		Date: Frequency: 2-3 times per week for weeks	
Goals:	o Increase range of motion, slow mus of Motion: Brace (optional) nonpainful	scle atrophy, decrease pain/inflammation, promote healing I ROM [20-90 degrees] AAROM, PROM elbow and wrist (no	_
	o Isometrics - wrist and elbow muscu o Shoulder strengthening (no externa *Ice and compression		
Intermediate P	hase (weeks 3 through 6):		
	o Increase range of motion o Improve strength/endurance o Decrease pain and inflammation		
Range Exerci	o Promote stability of Motion: Gradually increase motion C ses:	0^0 to 135^0 (increase 10^0 per week)	
extern	o Initiate Isotonic exercises wrist curl al rotation, deltoid, supraspinatus, rhon *Ice and Compression	s wrist extensions pronation/supination biceps/triceps durnboids, internal rotation	mbbells:
Advanced Phas	e (weeks 6 and 7 through 12 and	14):	
	a to Progress		
	o Full range of motion		
	o No pain, tenderness, or laxity		
	o Strength 4/5 of elbow flexor/extens	sor	
Goals:			
	o Increase strength, power, and endu	irance	
	o Improve neuromuscular control		
5	o Initiate high speed exercise drills		
Exerci		ragram. Throwers ton program Diseas /tricens program	
	Supination/pronation Wrist extension	rogram: Throwers ten program Biceps/triceps program	
Return to Activ	ity Phase (week 12 through 14):	in the state of th	
	a to Progress to Return to Throwing:		
Cincin	o Full nonpainful ROM, No Increase ir	n laxity	
	o Isokinetic test fulfills criteria		
	o Satisfactory clinical exam		
Exerci			
	o Initiate interval throwing		
	o Continue throwers ten program		
	o Continue plyometrics		
pl		5 .	
Physician Signature:		Date:	