ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

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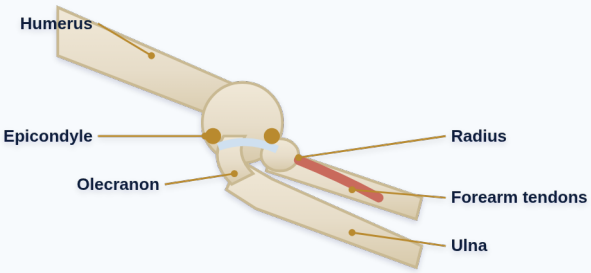
ELBOW CONDITION

UCL (Ulnar Collateral Ligament) Injury

Elbow UCL Injury — Patient Condition Guide



Elbow anatomy — for education; your anatomy may differ

OVERVIEW

The ulnar collateral ligament (UCL) on the inner elbow is the main stabilizer against the valgus force of overhead throwing. Repetitive throwing can stretch or tear it, causing inner-elbow pain and loss of throwing performance. A complete tear in a throwing athlete may require reconstruction — commonly known as 'Tommy John' surgery.

ANATOMY

The UCL runs from the medial epicondyle of the humerus to the ulna and resists the tremendous valgus stress placed on the elbow during throwing.

SYMPTOMS

- Pain on the inside of the elbow with throwing
- Loss of throwing velocity or control
- A pop at the time of an acute tear
- Occasional tingling in the ring and little fingers

DIAGNOSIS

Dr. Pettit uses specific tests (the valgus stress and moving valgus stress tests) and an MRI — often with contrast dye — to assess the ligament and grade the injury.

TREATMENT OPTIONS

Partial injuries and lower-demand patients may recover with rest, a structured throwing-mechanics and strengthening program, and sometimes PRP. Complete tears in throwers are treated with UCL reconstruction

(Tommy John) using a tendon graft, or UCL repair with an internal brace in selected cases.

RECOVERY OUTLOOK

Non-surgical recovery takes weeks to months. After reconstruction, a graduated throwing program leads to a return to competition typically around 9–12+ months.

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/handouts/ucl-injury.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.