

(PROTOCOL #24) REHABILITATION FOLLOWING ULNAR NERVE TRANSPOSITION

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The following is a set of general guidelines. It is important to remember that each patient is different. The progression of the patient depends on many factors including age and medical health of the patient and physician preferences. Any bracing is discontinued **ONLY UPON**

DIRECTION OF PHYSICIAN.

PHASE 1	FUNCTIONAL PROGRESSION/ACTIVITIES	GOALS/RESTRICTIONS
<p>1 – 2 Weeks Post-op</p>	<ul style="list-style-type: none"> • Week one – exercises such as wrist ROM and shoulder isometrics • Client is initially placed in a half cast with the elbow at 90 degrees of flexion • On initial assessment, Hinge brace, with the elbow between 45 and 90 degrees of flexion. Include the wrist in a neutral position. The splint should be worn continuously for 2 weeks post-op, except for self care and exercises. The splint can then be weaned over the next two weeks to night wear only. Avoid full extension. • Begin AAROM for elbow flexion/extension 10-15 reps, 4x/day. • Begin AAROM for pronation and supination with elbow at 90 degrees, 10-15 reps, 4x/day. • Work on full AROM of wrist and fingers. • Control edema: ice, elevation, retrograde massage, cryo cuff, tensor wrap/coban/tubilast sleeve as needed. 	<p>Client must be casted/then splinted with elbow at 90 degrees for 2/4 weeks post-op. Avoid any heavy gripping, lifting, pushing, pulling with involved upper extremity. Avoid sustained postures of elbow flexion when out of splint. Restrict contraction of the flexor carpi ulnaris initially.</p> <p>Post-op Goals Weeks 1-8:</p> <ol style="list-style-type: none"> 1. Protect and promote soft tissue healing of the relocated nerve. 2. Control edema, pain, and inflammation. 3. Restore full ROM by 4 weeks. 4. Gradual return to normal ADL's by 4-8 weeks.

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PHASE 2	FUNCTIONAL PROGRESSION/ACTIVITIES	GOALS/RESTRICTIONS
<p>2 – 4 Weeks Post-op</p>	<p>Week 3:</p> <ul style="list-style-type: none"> • Discontinue posterior splint. • Progress elbow ROM; emphasize full extension. • Initiate flexibility exercise for wrist extension/flexion, forearm supination/pronation, and elbow extension/flexion. • Iniate strengthening exercises for wrist extension/flexion, forearm supination/pronation, elbow extensors/flexors, and a shoulder program. <p>Weeks 2-4:</p> <ul style="list-style-type: none"> • Continue to progress with the above exercised. Progress elbow ROM to full by four weeks, emphasizing full extension. • Wean splint to night wear. • Continue with edema control as needed. • Nerve gliding program. 	
PHASE 3	FUNCTIONAL PROGRESSION/ACTIVITIES	GOALS/RESTRICTIONS
<p>4 – 8 Weeks Post-op</p>	<ul style="list-style-type: none"> • Continue to progress ROM as needed. • Add flexor carpi ulnaris and triceps stretches. • Continue ulnar nerve gliding program. • Gradually resume normal ADL's. • Light fisting/gripping to tolerance. • Discontinue brace 	

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PHASE 4	FUNCTIONAL PROGRESSION/ACTIVITIES	GOALS/RESTRICTIONS
8 – 12 Weeks Post-op	<ul style="list-style-type: none"> • Continue with ROM exercises as necessary. • Continue ultrasound, scar massage/desensitization as necessary. • Continue with FCU and tricep stretches and ulnar nerve glides. • Begin a light strengthening program: include theraputty, power web, and hand gripper exercises. Wrist curls for flexion/extension, supination and pronation (begin with 1-2 lbs. weights and progress as tolerated). May also do elbow and shoulder strengthening as required for return to work, etc. • Return to work for light occupations. 	<ol style="list-style-type: none"> 1. Begin to restore strength of hypothenar and first dorsal interossei muscles. 2. Restore full flexibility/mobility of the involved upper-extremity. 3. Return to work, modified if heavy labour occupation.

Approved By:

Physician reserves the right to adjust these protocols for each patient.

Signature: _____ Date _____
 Robert M. Doane, M.D., P.C.

Signature: _____ Date _____
 Balu Pisupati, PT

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