Ulnar Nerve Transposition Physical Therapy Protocol

Name_________________________________________________ Date__________________

Diagnosis   s/p  RIGHT/LEFT Ulnar Nerve Transposition

Date of Surgery_______________________________

Frequency: ____ times/week  Duration: _______ Weeks

______ Week 1
Splint at 90 degrees elbow flexion with wrist free for motion
Compression dressing
Exercise: gripping exercises, wrist ROM, shoulder isometrics

______ Week 2
Remove splint for exercise and bathing
Progress elbow ROM (passive ROM 15°-120°)
Initiate elbow and wrist isometrics
Continue shoulder isometrics

_____ Weeks 3-6
Progress elbow ROM, emphasize full extension
Initiate flexibility exercises for
Wrist extension-flexion
Forearm Supination-pronation
Elbow extension-flexion
Initiate strengthening exercises for
Wrist/Elbow extension-flexion
Forearm Supination-pronation
Shoulder program

_____ Week 6
Continue all exercises listed above
Initiate light sport activities
Week 8
- Initiate eccentric exercise program
- Initiate plyometrics exercise drills
- Continue shoulder and elbow strengthening and flexibility exercises
- Initiate interval throwing program

Week 12
- Return to competitive throwing

Comments:

- Functional Capacity Evaluation
- Work Hardening/Work Conditioning
- Teach HEP

Modalities
- Electric Stimulation
- Ultrasound
- Iontophoresis
- Phonophoresis
- TENS
- Heat before
- Ice after
- Trigger points massage
- Therapist’s discretion

Signature ____________________________ Date ____________