



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

ULNAR NERVE DECOMPRESSION WITH / WITHOUT TRANSPOSITION

PHYSICAL THERAPY PROTOCOL

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Patient Name: _____ **Date of Surgery:** _____

____ **Evaluate and Treat** _____ **Provide patient with home program**

Frequency: _____ x/week x _____ weeks

Phase I –Immediate Post-Operative Phase (Week 0-1)

- **Goals**
 - Allow soft tissue healing of relocated nerve



- Decrease pain and inflammation
- Retard muscular atrophy

- **Week1**

- Posterior splint at 90° elbow flexion with wrist free for motion (sling for comfort)
- Elbow compression dressing
- Exercises
 - Gripping
 - Wrist ROM (passive only)
 - Shoulder isometrics (no shoulder ER)
- Discontinue splint at 7-10 days

Phase II –Intermediate Phase (Week 3-7)

- **Goals**

- Restore full pain free range of motion
- Improve strength, power, endurance of upper extremity musculature
- Gradually increase functional demands

- **Week 3-5**

- Progress elbow ROM, emphasize full extension
- Initiate flexibility exercises for:
 - Wrist ext/flexion
 - Forearm supination/pronation
 - Elbow ext/flexion
- Initiate strengthening exercises for:
 - Wrist ext/flexion
 - Forearm supination/pronation
 - Elbow ext/flexors
 - Shoulder program (Thrower's Ten Shoulder Program)

- **Week 6-7**

- Continue all exercises listed above
- Initiate light sport activities

Phase III –Advanced Strengthening Program (Week 8-12)

- **Goals**



- Improve strength/power/endurance
- Gradually initiate sporting activities

• **Week 8-11**

- Initiate eccentric exercise program
- Initiate plyometric exercise drills
- Continue shoulder and elbow strengthening and flexibility exercises
- Initiate interval throwing program for throwing athletes

Phase IV –Return to Activity (Week 12-32)

• **Goals**

- Gradual return to activities

• **Week 12**

- Return to competitive throwing
- Continue Thrower's Ten Exercise Program

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient __ would __ would not benefit from social services.

Date: _____

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