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:_____

Bryan M. Saltzman, MD