



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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