

## Physical Therapy Protocol: Ulnar Nerve Transposition

### Philosophy:

Problems around the ulnar nerve at the elbow can lead to stiffness, hand tingling, and loss of grip strength. The disorder can affect either the dominant or non-dominant elbow and is frequently symptomatic at nighttime. A common nickname for ulnar nerve sensitivity is “cubital tunnel syndrome.” The ulnar nerve transposition protocol begins with early immobilization, followed by a progression to motion, strengthening, and then advanced function. These are progressed quickly to prevent the most common cause of failure (elbow stiffness). An excellent result cannot be established without the patient following the therapist’s instructions. The following are guidelines for ulnar nerve transposition rehabilitation

### *Phase I, surgery to 2 weeks*

#### **OSMS appointments:**

- Medical appointment at 2 weeks
- Rehabilitation will begin as directed by your physician and as indicated on your rehabilitation order

#### **Rehabilitation Goals:**

- Promote gentle shoulder, hand and wrist ROM

#### **Precautions:**

- Sling for comfort
- Compressive dressing
- Splint at 90 with wrist free for motion

#### **Suggested Therapeutic Exercises:**

- Grip strengthening
- Gentle wrist and hand ROM

#### **Cardiovascular Exercises (with sling on):**

- Walking or Stairmaster

## ***Phase II, 2-3 weeks***

### **OSMS appointments:**

- No MD appointments
- Rehabilitation appointments every 5-7 days

### **Rehabilitation Goals:**

- Sling for comfort
- Continue shoulder strengthening and ROM

### **Precautions:**

- PROM limits at 15-120

### **Suggested Therapeutic Exercises:**

- Elbow and wrist isometrics
- Ball squeezes

### **Progression Criteria:**

- Flexible elbow motion 15-120

## ***Phase III, 3-6 weeks***

### **OSMS appointments:**

- MD appointment at 6 weeks
- Rehabilitation appointments 1-2/week

### **Rehabilitation Goals:**

- Initiate strength and flexibility in all planes for elbow and shoulder
- Wrist flexion/extension/supination/pronation
- Elbow extension/flexion

### **Precautions:**

- No swimming, throwing, or overhead serves until 6 weeks

### **Suggested Therapeutic Exercises:**

- Strengthening may include weights and bands
- Wrist strength in flex/extension/supination/pronation
- Elbow strength in extension/flexion
- Initiate eccentric exercise program
- Plyometric exercise drills
- Initiate interval throwing program if applicable

### **Progression Criteria (including return to throwing):**

- The patient can progress to full activities when they have met goals pain-free
- Return to light throwing and begin swimming at 6 weeks
- Throw from pitcher's mound at 12 weeks