



Brian Waterman M.D.
ORTHOPEDIC SURGERY

ULNAR NERVE TRANSPOSITION PT PROTOCOL

Name: _____ **Date:** _____

Diagnosis: _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 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 degrees)
- Initiate elbow and wrist isometrics
- Continue shoulder isometrics

Week 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 extension-flexion
 - ❖ Forearm Supination-pronation
 - ❖ Elbow extension-flexion
 - ❖ Shoulder program

Weeks 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/after Ice before/after Trigger points massage
 Therapist's discretion
 Other _____

Signature: _____ **Date:** _____