

Ulnar Nerve Transposition Protocol



Name: _____ Date: _____

Diagnosis: _____

Date of Surgery: _____ Frequency: _____ times per week | Duration: _____ weeks

Week 1:

- » Brace at 70° elbow flexion with wrist free for motion
- » Scapular motion; may include isometric contraction of scapular muscles
- » Wrist and shoulder ROM

Week 2:

- » Adjust brace to 15 - 120° FF to limit extension
- » Remove brace only for exercise and bathing
- » Progress elbow ROM in brace, as tolerated
- » Continue shoulder and scapular motion and isometrics

Weeks 3-6:

- » Discontinue use of brace
- » Progress elbow ROM, emphasize full extension
- » Initiate exercises for:
 - Wrist extension-flexion
 - Forearm supination-pronation
 - Elbow extension-flexion
- » Initiate strengthening exercises for:
 - Wrist extension-flexion
 - Forearm supination-pronation
 - Elbow extension-flexion
- » Continue shoulder program to full ROM

Week 7-8:

- » Continue all exercises listed above
- » Advance strengthening program for shoulder and scapula muscles
- » Initiate light sport activities
- » Initiate eccentric program
- » Initiate plyometrics exercise drills
- » Continue shoulder and elbow flexibility and strengthening exercises
- » Initiate interval throwing program

Week 12:

» Return to competitive throwing as tolerated

Additional:

Teach HEP Work Hardening/Work Conditioning Functional Capacity Evaluation

Modalities:

Ice or cryotherapy before/after Heat before/after Electric Stimulation TENS Ultrasound
 Trigger points massage Dry needling Therapist's discretion

Signature: _____ Date: _____

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