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Ulnar Nerve Transposition Protocol

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery: _____

Frequency: _____ times per week | Duration: _____ 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.

Weeks 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.

Week 7:

- 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.

Ulnar Nerve Transposition Protocol (cont'd)

Comments:

Additional:

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 Other: _____
 Therapist's discretion

Signature: _____

Date: _____