

# HAND & UPPER LIMB CLINIC

## Ulnar Nerve Transposition Post-Operative Protocol ( Jan 2019)

### Indications

- Subluxation of the ulnar nerve
- Significant paresthesia secondary to prolonged flexion of the elbow
- Significant valgus deformity of the elbow
- Patients whom have failed ulnar nerve decompression surgery

### Considerations

1. Forearm supination and elbow extension places the most stress on the repair.
2. It may be difficult to obtain full elbow extension, particularly with the forearm supinated. It is important to monitor for this limitation and to ensure full elbow extension is achieved in both supination and pronation. Wait until week 4 however to extend/ with supination.
3. Emphasize scar mobilization to remodel the dense scar and reduce pain along the incision site.

### Postoperative Rehabilitation

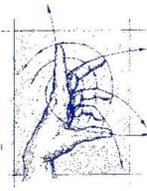
- No splint required after surgery. Sling for comfort. Tendon/ nerve gliding, protective elbow pad, exercises.

#### 1-3 Weeks Post-Op

- Post-op bulky dressing is removed 1-3 days after surgery.
- Provide a sling for protection and comfort. A sling is used at night to limit elbow extension until full elbow extension with forearm supination is achieved.
- An elbow pad may be used for comfort and protection of the elbow during the day/night
- AROM exercises for the fingers, wrist, forearm, elbow, and shoulder are initiated after postop bulky dressing is removed. Initially, start elbow extension with forearm in pronation. Progress to supination with the elbow at 90 degrees. Progress to increase elbow extension with forearm in supination.
- Full AROM should be regained within 3-4 weeks after surgery. Level 1 ADL allowed
- Edema control is initiated with a light compressive dressing. For minimal edema, an elastic stockinette may be initiated above and below the elbow.
- Scar management is initiated. This may consist of scar massage or scar remodeling techniques.

#### 4-5 Weeks Post-Op

- Therapeutic exercises are initiated. Begin with active-assistive ROM exercises at the elbow, forearm and wrist as tolerated. Theraball, Swiffer, cane-assist, isometrics



# HAND & UPPER LIMB CLINIC

## 6-7 Weeks Post-Op

- End-range/terminal stretching exercises are initiated to the elbow, as tolerated
- Progressive resistance exercises may be initiated. Begin with 1-2 pound hand weights for the elbow, forearm and wrist. Light tubing to shoulder with rotations is permitted
- Level 2 ADL permitted

## 8-24 Weeks Post-Op

- Strengthening at 8 weeks with dumbbells and theratubing to elbow flexors/extensors.
- Return to recreational activities / work duties 8-12 weeks after surgery.
- Could take up to 24 weeks for a full recovery and a return to unrestricted duties at work.
- Level 3 ADL

## References

1. Cannon, N. M. (2001). *Diagnosis and treatment manual for physicians and therapists: Upper extremity rehabilitation* (4th ed.). Indianapolis, Ind.; Hand Rehabilitation Centre of Indiana