



REHABILITATION GUIDELINES ANTERIOR SUBCUTANEOUS TRANSPOSITION OF THE ULNAR NERVE

INDICATIONS

Anterior subcutaneous transposition of the ulnar nerve is indicated for the treatment of persistent cubital tunnel syndrome.

SURGICAL PROCEDURE

This procedure involves transferring the ulnar nerve anterior to the medial epicondyle. With the ulnar nerve transposed subcutaneous, the sling which lies posterior to the ulnar nerve creates a medial septum.

POSTOPERATIVE REHABILITATION

IMMEDIATELY POST-OP

DOS:

AROM exercises are initiated to the elbow, forearm and wrist. Exercises are performed 6 times a day for 10 minute sessions.

Within 48 hours following suture removal, scar mobilization techniques may be initiated. This will include the use of scar massage with lotion, along with Otoform K, Elastomer or Rolyan 50/50.

10-14 DAYS POST-OP

DATE:

The bulky compressive dressing is removed. Edema control is initiated consisting of a light compressive dressing, an elastic bandage, or elastic stockinettes.

3 WEEKS POST-OP

DATE:

Active assisted ROM exercises may be initiated to the elbow, forearm and wrist.

6 WEEKS POST-OP

DATE:

PROM exercises may be initiated to the elbow, forearm and wrist.

8 WEEKS POST-OP

DATE:

Patients returning to work with heavy lifting are encouraged to participate in a work conditioning program. The work conditioning program will provide the opportunity to recapture the necessary flexibility, coordination, endurance and strength to perform the demands of the various job duties. A work conditioning program will also provide the opportunity to assess any limitations for returning to work.