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Ulnar Nerve Decompression Rehabilitation Protocol

Patient Name: _____ **Date:** _____

Diagnosis: s/p elbow ulnar nerve release with anterior transposition **Site:** R L

Treatment Frequency: _____ times per week, for _____ weeks

PHYSICAL THERAPY PRESCRIPTION:

MODALITIES: PRN

- Passive ROM Program
 - Begin with elbow flexed
 - Progress to stretching with elbow in extension
- Slowly introduce Isometric exercises
 - Begin with elbow flexed
 - Progress to elbow extension
- Avoid resistive wrist activity for first 3 – 4 weeks
 - Grip strengthening (tennis ball squeeze)
 - Ice before & after rehab exercises
 - Three times a week for 6 – 8 weeks
- Edema Control

THEN, IF ELBOW IS PAIN FREE MAY BEGIN:

- Wrist extensor strengthening
- Wrist flexor strengthening
- Discontinue strengthening exercises if elbow is painful!

Please send progress notes.

Physician's Signature: _____

Jozef Murar, M.D.

Orthopaedic Surgeon