

Post-Operative Therapy Cubital Tunnel Release

Immediate Post-Op General Precautions

Protect the surgical site

Protect the flexor-pronator origin. Avoid simultaneous wrist extension and supination

Avoid periods of sustained elbow flexion, heat activity with the involved upper extremity including gripping, pushing, pulling, carrying, etc., leaning or weight bearing onto elbow whether in or out of splint

Rehabilitation Phase | Weeks 1-4

Goals:

Protect and promote healing of soft tissues and relocated nerve

Aggressive return of full elbow motion, avoiding forced or prolonged full flexion

Control edema and decrease pain (cry, elevation, retrograde massage, compression sleeve/wrap)

Avoid flexor carpi ulnas and triceps stretching

Weeks 1-2

Light gripping activities/wrist AROM allowed initially in position of wrist flexion and pronation

Avoid simultaneous wrist extension and supination

Wrist extension AROM is done in pronated position initially

Forearm supination is done with wrist flexed initially

Begin AAROM into elbow flexion and extension avoiding forced flexion

Begin forearm pronation/supination initially with elbow flexed 90 degrees

Begin sub-maximal isometrics of rotator cuff

Begin ulnar nerve gliding program

Begin scar massage/mobilization once staples/sutures removed

Scapular strengthening may be done with resistance applied proximally to the elbow

Weeks 3-4 2 lb weight limit

Restore full ROM by week 4 at latest, emphasizing terminal extension

Avoid forced flexion positions

Continue with the above exercises, edema and pain management, and scar mobilization

Light isotonic exercises in patterned motion such as PNF patterns/functional motions involving the whole kinetic chain are encouraged

Rehabilitation Phase | Weeks 4-10

Goal

Continue with above exercises, ulnar nerve glides, edema management, and scar mobilization.

Week 4

Progress ROM as needed

Add flexor carpi ulnaris and triceps stretching

Gradually resume normal ADL's

Week 6 5 lb weight limit

End-range stretching for shoulder, elbow, wrist in all planes

Initiate rotator cuff resisted strengthening program, proprioception and neuromuscular control

activities

Non-athletes typically can be discharged at this point assuming full motion obtained

Week 8 (Athletes)

Initiate eccentric strengthening program

Plyometric training drills with ply ball/rebounder start with both arms then progress to single arm

Address any remaining impairments, restore full flexibility/mobility of the involved UE

Week 10 (Athletes)

If throwing athlete, initiate interval throwing program

Progress plyometric drills and eccentric training as appropriate for healing and requirements for occupation/recreation